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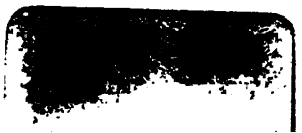

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A

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CH. GATCHELL, M.D.
EDITOR

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THE MEDICAL ERA

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DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. X. CHICAGO, JANUARY, 1892. No. 1.

CH. GATCHELL, M.D., EDITOR.

THE GIBBES-SHURLY METHOD OF THE TREATMENT OF PHTHISIS PULMONALIS.

Phthisis—chronic pulmonary tuberculosis—is not the necessarily fatal disease that it once had the reputation of being. Owing, probably, to a more intelligent manangement of such cases it is not uncommon for some to recover, and for some to be cured.

LOOMIS expresses the more favorable prognosis of later years in the following language:

"It is not a fatal disease. Its morbid processes may be arrested in their early stage in a large [!] proportion of cases. In the advanced stage, or stage of cavities, proper treatment will prolong life, and in some cases permanently arrest the progress of the disease. Recovery has occurred in one-sixth of my recorded cases in the past ten years."

This is a far better record than was made by physicians of half a century ago. While all cannot boast of so many recoveries as this, yet it is not an uncommon experience for intelligent and progressive physicians to-day to see cases of recovery from incipient phthisis.

But, notwithstanding these more favorable results, phthisis still presents a most inviting field for the clinician who wishes to improve upon the record of the past. LOOMIS' cases, which show such very encouraging percentage of recoveries, probably occurred in a class of people who were able to avail themselves of every necessity, comfort and luxury that he was inclined to prescribe. All cannot expect to do so well. Phthisis still claims more victims than any other one disease; it is still more destructive to human life than war, pestilence and famine.

Hence, all efforts directed to its prevention, cure or eradication should meet with the hearty endorsement of the profession.

Since KOCH'S disastrous failure, the experiments that have attracted most attention—in this country, at least—are those that are being conducted by DR. HENEAGE GIBBES, of the University of Michigan, and DR. E. L. SHURLY, of the Detroit College of Medicine. It has become known as the "Gibbes-Shurly method" of the treatment of phthisis. Having had the privilege, through the kindness of the gentlemen whose names the method bears, of observing it in practical operation, we will describe it for the benefit of the readers of the ERA.

It should be explained that DRS. GIBBES and SHURLY spent several years in experimenting with various agents, one after another of which was abandoned, before adopting those which are at present in use, and which seem to give definite and decided results.

As regards the nature of the disease itself, while they recognize the specific character of the bacillus tuberculosis, and its value as a diagnostic sign, they do not attribute to it the sole influence in setting up the disease process. They take the view that the bacillus "must have a nidus, and upon this nidus develop the disease." Moreover, they claim that it is not the bacillus itself, but something associated with the bacillus, that produces the effect; that there is a "bio-chemical action that determines the particular sort of degeneration and suppuration known as caseation." To render the tissues immune to the action of this product of the bacillus, or to antidote the un-

known poison, is the effect that they strive to produce. In doing so, the effort is to introduce into the system agents that shall resist the bio-chemical action that is thought to be induced.

The view here taken—that it is not the bacillus itself, but a something associated with, or a product of, the bacillus, that determines the diseased action, is, we think, in accordance with the views of a majority of the profession.

The method of treatment adopted consists in administering to the patient inhalations of chlorine gas, and in giving hypodermic injections of iodine, and of the chloride of gold and sodium.

Chlorine gas, by itself, is irrespirable, but, as was discovered, mixed with a spray of the chloride of sodium it may be inhaled with impunity. There are two methods of administering the gas. In the one, a small chamber, or closet, is used. This chamber should have about five hundred and fifty cubic feet of space within its walls. Before the gas is evolved the atmosphere of the apartment is laden with the spray of chloride of sodium. For this purpose any good spray apparatus, or atomizer, may be used. Into this is put a saturated solution of chloride of sodium. After about two ounces of this have been diffused in the atmosphere—a little more if the apartment is not air-tight—the chlorine gas may be generated. The spray, however, should be continued all the time that the gas is being evolved. For the latter purpose from one-half dram to six drams—beginning with the less amount and gradually increasing—of chlorinated lime is placed in a saucer or other open dish. To this add slowly from one to three drams of dilute hydrochloric acid, and gently stir the two with a wooden spatula. The gas will be slowly evolved.

At the first treatment the patient should remain in this atmosphere about two minutes. The time is gradually lengthened at subsequent treatments until he remains in for twenty or thirty minutes. Once or twice a day, or in some instances—in the case of hospital patients—three or four times daily this is repeated.

The conditions to be observed are that the inhalations should be taken not too near meal time, and, preferably, after a free expectoration, when there is but little accumulation of secretions in the lungs. Also, the patient should keep the mouth closed, and breathe only through the nose.

Another and simpler method of administering the chlorine gas, is by means of chlorine water. The chlorine water—which must be freshly prepared and absolutely pure—is mixed with a saturated solution of chloride of sodium, in the proportion of one-half, one-third, or one-fourth of the former. The solution thus prepared is vaporized by means of any good apparatus having a face-shield, and the patient inhales the vapor.

The effect of the inhalation of chlorine gas is to destroy the virulence of the sputum, and it seems to prevent further caseation.

Chlorine should not be used in cases where there is danger of hemoptysis. Also, a treatment should be terminated at once if the patient is taken with an attack of coughing.

The other part of the treatment consists of the hypodermic injection of the double chloride of gold and sodium, and of iodine.

According to the Gibbes-Shurly method these remedies are administered subcutaneously, because of the changes that they would undergo in the stomach and intestines before diffusion in the system.

The solution of chloride of gold must be chemically pure. The use of an impure article, like that which is obtained at the ordinary drug-store, will almost invariably cause abscess. The dose, at first, is about the one-thirtieth or one-twentieth of a grain, gradually increasing to the one-fifth or one-third of a grain.

Following the larger doses, there are sometimes toxic effects. The symptoms are verti-

go, nausea, sensation of constriction at the lumbar region, headache, and lowering of pulse tension, and its continued use will cause profuse perspiration.

It should not be necessary, in practice, to push the drug to this extent. The iodine, also, must be chemically pure. As in the case of the gold, an impure article will cause abscess. The solution used in the hypodermic syringe consists of iodine (C. P.) with iodide of potassium, pure water, and glycerine. A sufficient quantity of this solution is injected to give a dosage of one twenty-fourth to one-twelfth of a grain. This is gradually increased each day to one-sixth, one-half, or even one grain, according to the state of the patient. Sometimes this produces the symptoms of iodism, consisting of increased mucous secretion, sensation of dryness of the throat, redness of the eyes, coryza, and loss of appetite. There is increased temperature and loss of weight.

If the symptoms of iodism appear, the iodine is stopped, and the gold solution immediately substituted.

As we have here outlined it, this is essentially the Gibbes-Shurly method of the treatment of phthisis pulmonalis. In addition to the measures described, all the usual adjuncts to the medicinal treatment are made use of. The pneumatic cabinet—a most efficient means of lung gymnastics—a gentle exercise of the thoracic muscles, open-air exercise, and the prescription of a suitable diet, all receive attention.

The results of the treatment, according to reports made by its originators, are very encouraging. While it is too early to give exact statistical figures, yet it may be said that there has been a fair proportion of cases in which complete recovery has followed. In those cases in which the disease process is far advanced, or in which the tuberculosis has become general, no more can be expected from this treatment than from any other. But in those cases in which the tubercular process is confined to the lungs, and their involvement is not too extensive, and the system has remaining some power of reaction, the number of cures is greater than under any other method of treatment with which the profession is acquainted, if the climatic treatment be excepted. It exceeds LOOMIS' one-sixth, we are sure. In one case that we were permitted to examine about one-third of the upper part of the left lung had been involved, and it was accompanied by all the usual symptoms of phthisis. After pursuing the treatment for a reasonable length of time cough and expectoration ceased, all râles had disappeared, pulse was moderate, color good, temperature normal, and the lung gave evidence of having healed. This is one case of many.

It will be observed that the treatment involves a variety of measures—including hygienic—each one of which, probably, contributes more or less to the results attained. But of the medicinal agents used it is probable that the iodine has a more specific effect than any other. This is a remedy that has long been used by every school of medicine, in the treatment of phthisis pulmonalis. Whatever virtrue cod-liver oil possesses has been attributed by many to the action of the iodine that it contains. Of this remedy HUGHES says:

"In the respiratory sphere, I must speak of Iodine in pulmonary phthisis. Its potent action on the lungs, its modifying influence over scrofula, and the hectic character of its emaciation and fever, would make it from a homœopathic point of view the most hopeful of remedies for this disease. * * * In a case where the severity of the constitutional symptoms and the deficiency of physical signs gave me every reason to dread the presence of tubercle, Iodine alone effected a most speedy and satisfactory cure. I am firmly persuaded that, so far as medicines go, our best hope of future success in phthisis lies in our knowing better how to use Iodine for it."

BÆHR says:

"Iodine is undoubtedly one of our most important remedies in confirmed phthisis. This remedy, more frequently than any other, effects curative results, provided we do not obstinately insist upon giving only small doses. Iodine *first* is often indispensable."

If more decided effects can be obtained from the action of iodine by subcutaneous injection than by the usual method of ingestion, it is

an important fact to have discovered, and since dosage is altogether a matter of experiment and experience, it may be that this method contains the realization of HUGHES' confidently expressed opinion that "our hope of future success in the treatment of phthisis lies in our knowing better how to use iodine for it."

It merits careful trial. Any readers of the ERA who may wish to put it into practice, and who desire further information, may have it supplied in the next number of our journal by sending a request to this office. We will also take pleasure in telling them how to make, or where to obtain, the chemically pure iodine or gold preparations recommended to be used.

HOMŒOPATHY AND ITS FOES.

No one shall outdo the ERA in giving cordial welcome to the first evidence (whenever it shall appear) that the old school as a body is one iota less opposed to homœopathy than it has been in years past. At present we have a word to say to those homœopathists who delight in picking out this, that or another practice recommended by old school writers upon therapy; and holding it up as evidence that the old school is beginning to recognize *similia*.

Nonsense! Such practices in the old school do not imply any recognition whatever of *similia*, and this most important fact is well illustrated by the following quotation from the fifth edition of BARTHOLOW'S *Hypodermatic Medication*. Speaking of the administration of pilocarpine to relieve patients of sweating, he says:

"To cure sweating by the exhibition of a remedy that "causes sweating, may have a singular sound in this "place, and may prove a shock to some of the weaker "brethren, but no homœopathy is concealed under the "fact; it is simply a process of antagonism between the "two forces—between the morbid action on the one "hand, and the influence of the remedy on the other."

The foregoing from BARTHOLOW supplants the following from FARQUHARSON as the best illustration of the fact that the old school is determined that in no circumstances shall results in practice be recognized as evidence of *similia*. FARQUHARSON in speaking of ipecac says:

"A most remarkable fact in the action of this drug is "its power, when given in small doses, of checking *vomiting*. * * * * At present this must be looked upon as "one of the enigmas of therapeutics."

OPINIONS EXPRESSED.

It is not work, but worry—mental unrest—that kills.—*Dr. Cheine.*

Iodine is undoubtedly one of our most important remedies in confirmed phthisis.—*Bæhr.*

I am firmly persuaded that, so far as medicines go, our best hope of future success in phthisis lies in our knowing better how to use Iodine for it.—*Richard Hughes.*

If i was a doktor and understood my bizzness, I should doctor my pashunts, and let the disease take care ov itself. More folks are cured this way than enny other.—*J. Billings.*

A large portion, probably a majority of still births, that is of children who die during labor, are caused by fracture of the base of the skull.—*Dr. W. S. Gardner.*

I object decidedly to telling my hay-fever patients of my own infirmity and, by saying, "O, yes! I have a little cold," I sometimes escape the otherwise inevitable "physician heal thyself," which phrase will in time become the exciting cause of a justifiable homicide.—*Dr. Malcolm Leal.*

I have no doubt that disgust is implanted in the minds of many healthy children by early surfeits of pathological piety. I do verily believe thus. He who took children in his arms and blessed them, loved the healthiest and the most playful of them just as well as those who were richest in tuberculous virtues.—*O. W. Holmes.*

In the study of ophthalmic therapeutics, I am immediately impressed with the fact that there are no ophthalmic therapeutics. That is to say, that, exclusive of the topical use of drugs, there are no medicines which affect the eye when administered *per orem* that do not also, and in some instances more profoundly, affect other organs and tissues.—*Dr. F. Parke Lewis.*

After fifty years of assidious labor it became evident that homœopathy had done something, but not all that was hoped from it. It had relieved symptoms, it had deprived illness of many of its pangs, and death of some of its terrors, but it had not caused neoplasms to disappear, or recurrences to cease, or metastases to vanish in any appreciably greater ratio than before.—*Dr. G. H. Burford.*

ORIGINAL ARTICLES.

A NEW USE OF DELPHINIUM STAPHISAGRIA.

By EDWARD BLAKE, M. D.,
LONDON, ENGLAND,

[A paper presented to the Minnesota State Homœopathic Institute, Minneapolis, May, 1891.]

NOT the most insignificant of those bays which must forever deck the broad brow of the Immortal Master, is that he laid bare a thousand unsuspected virtues lurking in those old simples of which we talk so much, and, I fear, use so little.

You all know that the transcendent genius of Hahnemann, like that of the great Darwin, who resembles him in so many respects—in modesty of manner, in simplicity of mind, in patience of investigation, and in an extraordinary power of minute, nay, even microscopic observation—is shown not so much by the brilliant generalizations with which each startled the quidnuncs of his day, as by the amazing number of hard and stubborn facts, well observed and well authenticated, which these giants managed to heap together into time-defying scientific tumuli.

The splendid hypotheses of both have already been shaped and pared by the effects of new observations and added knowledge. But the strict logic of facts remains, and must remain, as undying monuments, more enduring than the pyramids of Egypt.

That the Seer of Cœthen contributed more actual specifics to medicine than any known physician before or since his day, may possibly form the popular basis of esteem in a day when few persons have leisure to think; in a busy, yet lazy, age, when people get their intellectual work done for them, is more than probable. To us, this is not so; to us has been accorded the rare privilege of knowing this unrivalled mind in its deepest recesses.

There was a time when the intellect of man was so large that small matters could not be contemplated without a fine sense of scorn; now it is but a trite truism to say that the infinitely great is necessarily based on the infinitely little. If men were weighed by the actual practical benefits which they have conferred on their kind, none would hold his own with this plain physician, who first taught us the way to cure cheaply and quickly, not, indeed, so much those rare and recondite diseases which distress the rich, but those common, vulgar ailments which afflict common, work-day humanity. Nor did Hahnemann, who was ever actuated by the pure spirit of research, think it beneath him to test the powers of a common plant, the Larkspur, chiefly connected in the minds of man to this very day with a loathsome parasite He stooped to this species of organic small-tooth comb, and rescuing it from its ignoble alliance, placed it in the honorable post of the forefront in that great army which he recruited to fight the old Battle against Disease and Decay and Suffering and Death. The fact is, we are not half vain enough of Hahnemann, and of his work and his powers we take too much for granted. Delphinium is itself a drug of which all good homœopaths should be exceedingly proud. As a curative agent, Hahnemann literally created it.

It was the custom of Hahnemann to introduce a new drug to the notice of his disciples, and of the profession in general, by a kind of little speech of introduction, even as we present to each other two distinguished guests with a small verbal flourish of trumpets. In the exordium which precedes the Delphinium proving, we miss the imposing list of old school authorities that usually appears; a list amounting to no less than ninety-three names in the case of opium. No references or quotations from traditional medicine are cited for Staphisagria, and for the best of all reasons—there were none for Hahnemann to cite. So we do well to call it a Creation of the Master's Mind.

We may remember that Staphisagria was proved by Hahnemann himself, and by some of his most careful and conscientious coädjutors, Cubitz, Franz, Gross, Gutmann, Hartmann, Haynel, Herrmann, Hornburg, Kummer, Langhammer, Stapf and Teuthorn, who recorded between them no less than seven hundred and twenty-one symptoms, of which two hundred were observed by Hahnemann himself.

We are constrained to say that of the sixty-four drugs (omitting the three magnetes) whose proving Hahnemann left as a priceless legacy to the world, not one has been more thoroughly worked out, and yet Staphisagria has scarcely received fair treatment from us.

Let us turn to the memorable words with which Hahnemann ushers into the world this new Therapeutic Child of his.

"What enormous power must not this drug possess? Now, as our new and only healing art shows by experience that every drug is medic-

inal in proportion to the energy of its action on the healthy, and that it only overcomes the natural disease by virtue of its pathogenetic power, provided it is analogous to the latter; it follows that a medicine can subdue the most serious diseases the more injuriously it acts on healthy human beings, and that we have only to ascertain exactly its peculiar injurious effects in order to know what curative purposes it may be applied to in the art of restoring human health. Its power, be it ever so energetic, does not by an means call for its rejection; nay, it makes it all the more valuable; for, on the one hand, its power of altering the human health only reveals to us all the more distinctly and clearly the peculiar morbid states which it can produce on healthy human beings, so that we may all the more surely and indubitably discover the cases of disease, in which it is to be employed in similarity (homœopathically) and therefore curatively; whilst, on the other hand, its energy, be that ever so great, may be easily moderated by appropriate dilution and reduction of dose, so that it shall become only useful and not hurtful if it is found to correspond in the greatest similarity to the symptoms of the disease we wish to cure. It is just to the most powerful medicines in the smallest doses that we look for the greatest curative virtue in the most serious diseases of peculiar character for which this and no other medicine is suitable.

"For these unexceptionable reasons, I anticipated a great treasure of curative action in the most peculiar diseases from Staphisagria; and these reasons led me to make careful trials of it on healthy subjects, the results of which are recorded in the following symptoms: Thus, curative virtues have been elicited from this medicinal substance which are of infinitely greater value than its power to kill lice (the only medicinal property the ordinary quackish medical art knew it to possess)—curative virtues which the homœopathic practitioner may make use of with marvelous effects in rare morbid states, for which there is no other remedy but this."

This is a remarkable utterance. It is interesting as being one of the clearest and simplest of the enunciations of the so-called Law of Similars.

A careful study of the Genius of Staphisagria, and of its alkaloid, Delphinium, reveals the interesting facts that these drugs are especially called for in the diseases peculiar to the extremes of life. The fierce metabolism of infancy, and the perverted tissue-changes of a second childhood, call alike for such remedies as Staphisagria, Baryta and their congeners. In their action in the domain of the special senses, on the region of the nape, on the alimentary tract, the glandular system, the urinary apparatus, and the lower extremities, they present many points of resemblance.

Dr. James Dore Blake, of Taunton, England, a most able practical physician, one of the pioneers of Homœopathy, who, in the earlier part of this century, sustained a bitter persecution for his creed, well known to us as the first prover and introducer of Calendula, relied on Staphisagria as his stock remedy for senile sciatica. He was of course led to select this particular drug from observing that not only does Staphisagria cover the constipation so often lying at the root of this form of neuralgia in the aged, but at the same time it aids so many of the side issues; *par exemple*, the vesical troubles and the nuchal sorrows so frequently associated with it.

It was the outcome of my study of these sides of Staphisagria that induced me to give it a trial in that common, but distressing result of motherhood, a pouched and protruding bladder. We British doctors owe a great debt to the penetration of our transatlantic brethren for first forcing the gravity of neglected cystocele on our notice. To them, too, will go up, as grateful incense, the gratitude of myriads of mothers as yet unborn, who will reap the benefit of American gynecic teaching. For, though the wisest accoucheur may in spite of a thorough maceration and wearying out by means of preliminary dilatation, meet in his practice with an acutely ruptured perineum, only the foolish man will leave it torn, and will ruthlessly expose the poor, fond, trusting creature reposing on his want of wisdom, to the present sorrows of reflex hemorrhage, possible septicæmia, scalding dysuria, delayed convalescence, arrested sub-involution and future cystocele, with uterine procedentia and rectal protrusion. All gynecologists are perfectly familiar with the sad group of symptoms having as its more pronounced features, inability to retain water and to discharge the fæces; a detestable forcing feeling, a loin languor; wearisome aching in the sacral region and from the vertebra prominens upwards; with the peevish and fretful or despondent mood.

In cases of prolapsed bladder, where the unfortunate subject either could not, or would not, submit to the radical operation for repaired

perineum, I have been for many years in the habit of employing Staphisagria locally to the vesical tumor, and at the same time I like to administer a high dilution of this remedy internally. This I perfer doing when the stomach is void. Topically the drug is best applied in the form of a saturated glycerole. Carefully carded animal wool is a better vehicle for application than cotton; it retains its elasticity when wetted.

The adjacent viscera being emptied and all trunk ligatures removed, the patient assumes the salaam, or knee-elbow, posture. Half a dozen tampons in the form of a kite-tail are introduced into the vagina, and packed well up round the cervix during forced expiration. Unless the patient is very silly or very corpulent, she soon learns to do this for herself. The vagina should be quite filled with this wool, which is worn during the whole day. In bad cases it is needful to support the perineum in addition, by means of a broad, thick T-bandage, the horizontal portion of which should go round the trunk, just below the hip. Similarly the menstrual belt, for obvious anatomic reasons, should never encircle the body above the iliac line, or it becomes a potent factor with a tight corset and heavy skirts in aiding prolapsus of the pelvic contents.

I can speak feelingly of the success of this treatment as more than a temporary alleviant, because many ladies, who had decided to let me do perineorrhaphy for them, have so sensibly improved under it, that, to my chagrin, the operation has been postponed *sine die.*

We will, before taking leave of this valuable drug, glance a little at the rest of its many actions. Most of them are symptoms quite at home in the gynecic note book. The sad, grey outlook of life, the enfeebled memory, the bursting headache, itching scalp and facial papules. The dilatation of the pupils preceded by temporary contraction; the inflamed lids, irritated canthic point like the similar symptoms in Spigelia to rheumatic scleritis. Symptoms 120-30 suggest choroiditis, while the scintillating scotoma pertains more to certain deep-seated changes of intracranial circulation.

Tinnitus is recorded by two provers.

Pustulation has been noted in the upper lips and inside the nose. Also, the lips are ulcerated on their borders.

The submaxillary symptoms are strangely suggestive of a drug—not much allied to Staphisagria—namely, Mercury. The same observations hold good of the dental and gingival symptoms. The typical toothache of Delphinium is "tearing." The pathologic condition corresponds with periodontitis.

Herrmann's symptom "when chewing he feels as if the teeth were pressed deeper into the gums," reminds one of the "sense of elongation of the teeth" in Phosphorus.

The tongue is white, the palate sore, due apparently to herpes; compare Acetic acid.

Three provers had ptyalism (compare Mercury), pyrosis, eructation, hiccough, four times nausea, and actual vomiting occurred twice. Adipsia distinguishes Staphisagria and Rheum from the "thirst" of Rhus and the "great thirst" of Spigelia.

The flatulent colic of Staphisagria is intensified by urinating, distinguished from that of Rheum, aggravated by movement.

Staphisagria has constipation, followed by diarrhœa; Rheum, diarrhœa followed by costiveness.

Anal itching is noted in two provers.

The urinary symptoms are numerous and strongly marked; they point as distinctly to prostate troubles in males as to cystocele in women.

The itching of the genitals in both sexes recalls the symptoms induced by Angalipœa Cusparia, usually known as Angostura Vera.

Old people, we know, are very prone to acute and distressing, but quite temporary, strangury. Young practitioners administer dysuric remedies with no result. Older doctors hasten to give a remedy for flatus incarcerated in the sigmoid flexure or in the rectum; they also direct that the nurse apply succussion to the descending colon. I am indebted to my friend, Dr. Richard Hughes, for the valuable hint to administer Pulsatilla under these circumstances. It has not failed me yet; should it do so, I shall certainly fall back on Staphisagria.

There are nine coryza symptoms, carrying us back again in mind to Mercury.

The twelve cough symptoms, always aggravated, in the case of Dr. Franz, by eating, point to pharyngitis rather than to laryngitis. Possibly some are, like the "oppression" and "stitches" in the chest, spinal in origin.

The nape and sacrum symptoms we have already noticed; they are very typical of Staphisagria.

The upper extremity symptoms ought to yield good results in treating the osteo-arthri-

tis so common in real senility and in the imitation old age of pelvic patients.

Restless nights, disturbed by dreams of remarkable vividness, are naturally followed by drowsy days. As in Stramonium, the prover either dreams of murder, or encounters some ferocious beast.

We may therefore conclude that the cerebral congestion is more arterial than venous in character.

The rigors are usually adipsic, one prover alone having "great thirst."

Berkley Square. Lower Seymore Street.

CONCERNING DIPHTHERIA TREATMENT.

By F. H. BARR, M. D.,
CLEVELAND, OHIO.

[Read before Cleveland Academy of Medicine, November 4, 1891.]

TOO broad a subject cannot be brought within the compass of these brief remarks, and the thoughts are advanced to elicit discussion.

First, as to local treatment: Being a firm believer that diphtheria is primarily a local disease, my faith in energetic local measures is correspondingly great.

The prime objects of local treatment are:

To check and reduce the local inflammation arising from the infection;

To prevent, if possible, general systemic poisoning;

To remove from the tissues all diphtheritic deposit and prevent the formation of new;

To relieve the pain in the throat and make possible easy deglutition;

That a specific capable of producing all these results is existant, is universally conceded;

That it has thus far eluded the grasp of scientific investigation, is equally conceded.

The attempt to produce mechanical detachment of the deposits of diphtheria, or to destroy them by chemical solutions, caustics, and otherwise, forms one of the most painful and humiliating chapters of experimental therapeutics. Careful modern research has conclusively proved that any attempt to forcibly detach or remove the membranes simply aggravates the disease and increases the danger.

The invisible, microscopic germs are in the saliva, in the fermenting remnant of decomposing food, among the teeth, and these readily find a field for their most deadly assault in the lacerated surfaces produced either by caustics or violence. Although this fact is now well recognized by all advanced practitioners, yet this very day I was called to a case where a physician had blackened the whole buccal cavity with nitrate of silver, with a view, as he put it, "to heading off the disease." Having no desire to pose as a diphtheria expert, at his solicitation I took charge of the case, without comments.

If you will pardon the prominence that I give to myself in the matter, I will state what local treatment has in my experience proved most efficacious.

It is hot vapor, and in it we have one of the sofest, most reliable methods of conveying to the diseased surface any medicament we may deem of value, the steam itself proving of inestimable service. *It dissolves the membrane; it promotes suppuration; it causes, in a very brief time, sloughing of the grayish white deposit; in fact, steadily applied, it answers the purpose of an internal poultice.*

If septicæmia has already set in and the tissues therefrom incapacitated from reaching, its value may be diminished; very slightly, however, for from the inception of the disease to its final issue, be that issue convalescence or death, the hot vapor is of priceless value.

An ordinary teakettle, to the nozzle of which is attached a wide conducting tube, answers the purpose; or, better still, an atomizing apparatus which may be procured of any dealer.

In the water from which the steam is generated any medicinal substance, such as salt, a trituration of mercury, chlorate of potassium, and last, but in my experience not least, sulphur and alcohol, may be added, always bearing in mind the danger of excessive irritation to the inflamed throat surface.

Gargles properly administered and of the right sort are of great utility A wash composed of—

Sulphur, one drachm;
Alcohol, two tablespoonfuls,

Dissolve thoroughly and add one pint of water, is of great benefit.

Gargles are condemned by many, and my only apology for their use is that I have witnessed their positive value. The most recommended is original with me, and from it I have witnessed excellent results.

Poultices of flaxseed, slippery elm, or warm fomentations of any kind are beneficial, reducing the inflammation and favoring rapid suppuration.

I am aware that in this advocacy of local treatment, I lay myself open to criticism, but I know that timely and thorough local measures of the character indicated will avert septic poisoning, always, as I have remarked, using the greater caution in the use of irritants.

That in some form of mercury the specific destroyer of the diphtheritic germ will be found, is believed by all. Professor Jacobi, of New York, claims to have found it in the Chloride of mercury. In his recent paper before the International Association he lauded it highly.

The second trituration of the red Iodide of mercury, given in small doses, has with me proved a matchless remedy.

So far as any proving of the drug has been made, it comes nearest to being a *simimilimium* to the almost constant phenomena produced by the diphtheritic poison.

Stimulants, given *ad libitum*, in the form of brandy or whisky, should be employed, but, for obvious reasons, only after septic poisoning has become manifest.

I will not at this time enter into the treatment of the sequelæ of the disease. Suffice it to say, that despite all treatment malignant diphtheria will, in the majority of cases, prove fatal. Any practitioner who attempts to build up his reputation upon his success in the treatment of this disease, will, when he meets a genuine malignant case, have the conceit most thoroughly taken out of him.

In the fall of '78 I was called to a case in this city; there were four children in the family, ages ranging from fifteen to four. The eldest child was first attacked. The prompt use of hot vapor, and gargles, was advised. Had I then, as now, strenuously insisted upon it, the issue might have been different. As it was, in three days the child died. At the end of the week the four lay side by side in death. Drs. G. J. Jones and B. B. Brown were in consultation with me, but despite every effort the deadly malignancy of the disease conquered. The youngest child died in twelve hours from the inception of the disease. An allopathic competitor attempted to build up his reputation on my ill luck. He stationed himself at a prominent street corner and waylaid friends of mine, giving a history of the cases lost and the treatment that would have saved them.

The child of a prominent merchant in the neighborhood was smitten down, and the man was called. His heroic measures availed not. In less than a week the history of my cases became the history of his. Only three of his cases were victims, however, but, as they composed the entire family, it sufficed.

More abject humiliation I never saw in man. He has never since given me advice concerning the treatment of diphtheria.

In direct contrast was the conduct of a professor in the Erie Street Medical College (allopathic) of this city. A child under my care had succumbed to the disease. The mother was attacked, and death was inevitable. While I was in attendance upon an obstetrical case, this professor was called in. Before he left the house I arrived. He received me cordially. I explained my treatment, the steam inhalations, wash of sulphur, alcohol and water, the internal use of Bimodide of mercury and the copious use of whisky. The professor approved my every measure. He was a little stunned at the second trituration, but when I explained to him that it was the second decimal, he gracefully sought the family and assured them that nothing had been left undone. I did not feel greatly flattered, for I knew of his experience with the disease, and I was aware that he knew that no human intervention could avail.

The woman died that summer evening, lying at an open window with arms outstretched to her little girl who was upheld to her gaze on the opposite side of the street.

Despite so sad an ending, I shall ever entertain towards this professor a warm gratitude for his genuine, manly honor, however we may differ professionally.

105 KINSMAN STREET.

SEXUAL HYGIENE.

BY H. D. CHAMPLIN, M. D.
CLEVELAND, O.

[Read before the Cleveland Academy of Medicine.]

IT may truthfully be said that there is nothing in the human economy of which men and women are more ignorant than of the sexual organs and the necessary and proper care as to their important functions.

I propose here to speak in plain terms, and I do not believe that you who hear me will, using the language of Jeremy Taylor, "be possessed with a spirit of uncleanness which would turn the most prudent and chaste discourses into dirty and filthy apprehensions." Let these pictures of human debasement furnish no fuel for passion, but rather excite every virtuous impulse and tend to greater

purity of heart, action and influence. Who of us here to-night that has had ten years' practice but is familiar with the story of the bride of a night or a few days, returning to her parents, and forever refusing to hold any further communication with her husband? Bertillou, one of France's most distinguished physicians, says he knows of from thirty to forty applications for divorce in the first year of marriage, and the majority of them are from the brutalities of the husband in the first sexual intercourse.

I call to mind a case where a lovely, refined, and well educated woman of slender physique was married to one of these *brutes*. Nine times upon the wedding night did he insist upon having coition. Bruised, torn, and bleeding at the slightest touch, but even more wounded in heart and mind, she within the next twenty-four hours was compelled to submit no less than fourteen times

"To the rough beast that knows no gentle right,
"Nor aught obeys but his foul appetite."

It is needless to add that on the third day the bride left her husband, secured a divorce, and is living now at home with her parents.

In this city are hundreds, and in this country tens of thousands, of women outcasts from respectable society, who pamper to the lust of men. Prostitution and civilization are attached exclusively to each other. Prostitution commenced with civilization, when the bestial promiscuousness of the sexes and brute force no longer sufficed to procure for men the satisfaction of their imperious appetites, and when the women came to understand that in the passional wants of mankind they had an inexhaustible resource.

Who first opened the eyes of women to the possibility of this commerce? Nothing is more curious than the answer. It was in the temples that women were first initiated into prostitution. There she learned to appreciate its advantages. Prostitution is of religious origin. Sacred prostitution in India prevailed under the worship of Lingam. In Asia Minor were the worship of Phallon, Baal Peor, Molach, Atis, Adonis and the Asiatic Venuses. In Egypt, where it had for its basis the worship of Priapus, Isis and Osiris. Among the Hebrews, where homage to Baal predominated. In Italy we find the adorations of Priapus and of Venus and the festivals of religious prostitution.

The Greeks had their religious processions, at the head of which was Corne, an enormous image of the male organs of generation. The wild delirium and mad orgies which the furious crowd exhibited upon these occasions has been graphically and boldly pictured in a recent novel, "Aspasia."

In Rome young girls, as soon as they reached the age of puberty, owed to the gods the homage of their virginity. The young married women were subjected to the same sacrifice. This god, represented by his priests, anticipated by many centuries the seigneurial right of the lords of the middle ages.

With vigorous ceremony the virgin was in duty bound to place herself before a lingam of wood, iron or marble and submit to defloration as a sacrifice she owed to the male gods. This was a severe ordeal, and the wily priests did not wait long before taking from the god so precious a function, especially if the victim were fair to look upon. The virgins were conducted into the temples on pagodas, that the sacrifice to the god Lingam might be accomplished.

Herodotus tells us that the daughters of Babylon were obliged to give themselves up once in their lives in the temples of Mylitta for money and to a stranger, and the money thus paid was sacred. He also tells us that among the Egyptians when a beautiful woman died the corpse was not embalmed for three or four days, lest those who did the work would first use the body for their lust. Montaigue remarks that in times past fifty deities were assigned to sexual passion. Tapphism, tribadism, vicarious orgasm or lingual onanism was of Greek origin. Sappho, a Greek poetess living in the island of Lesbos, six hundred years B. C., vowed to sacrifice to Venus without man's help, and young Lesbin girls followed her example.

The famous Hippocratic oath required physicians to swear they would not seduce boys in the families they visited. Plato's symposium discusses sodomy and pederasty, and if he does not approve neither does he condemn it. Socrates and Alcibiades are said to have been pederasts. Cæsar adopted his nephew Augustus because he was the willing instrument of his vile and disgusting debauches. This nephew was spoken of as "the husband of all the wives and the wife of all the husbands."

In France during the reign of Henry III, they had their evil moments. Then came Catherine de Medicis with her flying squadron.

These three hundred young women, primarily charged with the mission of turning the hearts of protestants by the judicious use of their charms, ended by converting the men of the court to quite other joys than those of catholocism. Christian, in his article on Onanism (*Dictionnaire Encyclopèdiqué des Sciences Medicales*) states that in ancient Greece certain philosophie schools had such supreme contempt for women that they preferred onanism to sexual intercourse. Galen has handed down to us the fact that the spermatic fluid was considered as very injurious, and the body should be rid of it as quickly as possible.

Diogenes relieved himself on the street and in the midst of a crowd, and many of his cotemporaries imitated him, as Galen says: "*Non ob voluptatem sed ut ab impedimento praeservareutum.*"

The Israelites made virile images of the vessels of gold and silver that belonged to sacred worship, and committed fornication with them, for which they were denounced by the prophet Ezekiel.

To any careful student of the Bible the story of the clamorous Sodomites, at Lot's house, after nightfall, demanding his two celestial visitors for the purpose of gratifying their lust, is familiar. Lot remonstrated with, and even offered them his virgin daughters to allay their sexual passion. The gloomy Dead Sea to-day only tells where Sodom was.

Consider how common the vice of masturbation is among boys and girls. This degrading practice may in a young child arise in a variety of ways. The most common is the bad example of other children. In other cases vicious or foolish female sarvants suggest the idea. Some of these cases carry the vice from boyhood into manhood and degenerates into miserable wrecks, but many are rescued by the wise counsels of teacher, father or physician. And I would add here that advantage could and should be taken of the opportunity when a boy says his catechism to explain the meaning of some of the terms. When a child is taught "to keep his body in temperance, soberness and chastity," explain to him what chastity is, instead of leaving him to find out as best he may.

Teach him that chastity means continence. If he would be chaste, he must not by any act of his own, or by any indulgence of lascivious imaginations, cause the fruit of his body to be expended.

Explain some of the mysterious of life, how the animal and vegetable kingdom is continued and increased through the power of reproduction.

Further explain to him that our life is bound up with the reproductive organs of the body; and further inform him that many whose lives are outwardly pure have fallen into "secret sins," and wasted their substance in solitary indulgence.

The great remedies for masturbation, if the habit be acquired, are Gymnastic Exercises, carried to an extent just short of fatigue, occupations for the mind, simple food, personal cleanliness and proper control of the imagination. Forbid all impure plays, pictures and literature, and especially all associates who suggest erotic thoughts.

Burdach says: "Lubricity oftener comes from emptiness of the brain than from fulness of the testicles."

Silence in regard to sex is often a darkness in which all foul creations are born. There are so many false ideas current, and so much ignorance as regards women's sexual condition.

Many persons, and especially young men, form their ideas of women's sensuous feeling from what they notice in early life among loose and immoral women, and think her such an one as himself in regard to sexual passion. Married men, medical men or married women themselves would tell a different tale, and vindicate woman's nature from the vile aspersions cast on it by the abandoned conduct and ungoverned lust of a few of its worst examples.

Fortunate it is for female virtue that woman is not the counterpart of man. Many of the best wives, mothers and managers of housholds know little of or are careless about sexual indulgences. Love of home, of children, and of domestic duties, are the only passions they feel. As a rule a modest woman seldom desires any sexual gratification for herself. She submits but to gratify her husband, and were it not for the presence of that God-given desire, maternity, she would far rather be relieved from his attentions.

In many a human female I believe it is rather from the wish of pleasing or gratifying the husband than from any strong sexual feeling, that cohabitation is so habitually allowed. Certainly during the months of gestation this is true.

I have known many instances where the

woman has during gestation evinced positive loathing for any marital familiarity whatever; in some exceptional cases indeed feeling has been sacrificed to duty, and the wife has endured, what was almost worse than death, with all the self-martyrdom of womanhood. Yet you find physicians, men who rank high as obstetricians, counseling and recommending sexual intercourse during pregnancy as often as twice a week up to the seventh month.

Men having sexual commerce with animals is a crime not unknown at this day. Husbands compelling their wives to have intercourse by the rectum is a fact that has come to light upon more than one occasion. A worn out sensuality sometimes seeks a new stimulus, and the wife has been forced to receive the penis in her mouth. In Paris, some years ago such an instance came to light; the wife appealed to her mother, who told her the next time the act was committed to bite the penis in so thorough a manner that proof of the crime could readily be had and a separation secured. The advice was followed and a divorce obtained from a loathed union.

Who can conceive of the hellish lusts of a husband that has led him to have intercourse with a dying wife. And, yet it is real, it is true, as I can attest from personal knowledge, the parties having high social standing.

Language fails me to condemn the physician who advises young men to frequent houses of prostitution in order to relieve themselves. The indulgence of passion is not the way to master it; it is an easy way to tide over a present difficulty, but in many cases it proves the unchaining of a tiger.

Dare any young man demand of a maiden to whom he plights his troth a virtue he cannot give?

Remember, too, disease lurks for the unwary, and five minutes' guilty pleasure spent in the company of a prostitute may "touch the fount of his blood corruptedly," so that the wife whom he afterwards has, and children born, suffer from a life-long malady. And as the sins of the father are visited upon the children, this lack of self-mastery which the father has shown, may reappear in his progeny with a tenfold power, the most degrading and sapping to the loftier life.

"The sin of all, most sure to blight,
"The sin of all, that the soul's light
"Is soonest lost, extinguished in."

No man can sow this sort of wild oats without eating, and compelling those he loves, to eat "the fruit thereof, and the dirt thereof also."

To the wisdom of those who prescribe illicit intercourse as a therapeutic measure, I place the higher wisdom of Solomon, where he speaks of the foolish woman that is clamorous and inviting male visitors:

"Whoso is simple, let him turn in hither; and as for him that is void of understanding, she saith to him: Stolen waters are sweet, and bread eaten in secret is pleasant. But he knoweth not that the dead are there, and that her guests are in the depth of hell."

Continence from all sexual excitement in thought and deed is the best advice to be given to all young men. George Herbert says in his "Church Porch:"

"Wholly abstain or wed. Thy bounteous Lord
"Allows the choice of paths; take no by-ways,
"But gladly welcome what he doth afford,
"Not grudging that thy lusts hath bounds and stays;
"Continence has its charms, weigh both, and so
"If rottenness have more, let heaven go."

Sir James Paget in an admirable lecture says:

"Some of your patients will expect you to prescribe fornication. I would just as soon prescribe thefts or lying or anything else that God has forbidden. If men will practice fornication or uncleanliness, it must be of their own choice and on their sole responsibility. We are not to advise that which is morally wrong, even if we have some reason to think a patient's health would be better for the wrong-doing. Chastity does no harm to mind or body; discipline is excellent; marriage can be waited for, and among the many patients who have talked to me about fornication, I have never heard one say that he was better or happier for it."

Every man should turn a deaf ear to the voice of illicit desire, and hold himself firmly by the bonds of reason, conscience and duty. Marriage comes, and happy is he if it be a marriage of love.

This applies especially to woman. Love, as revealed through the activity of the affections, is the ruling element in her.

She herself is an interior part of man, and her love and life are always something interior and almost incomprehensible to him. She is the unseen Ariel who creates all the sweet and mysterious music which leads him out of the dark and thorny places of life.

"O, Woman," exclaims Michelet, "fragile globe of incomparable alabaster, wherein burns the lamp of God."

Happy the union in which the husband understands the womanly nature. The ten-

dency of their reciprocal reactions resembling the magnetic induction, is to engraft the nature of each upon the other, and gradually to bring thought, feeling, and life into spiritual harmony.

The first, or natural, use of marriage, after the procreations of the species, is to elevate man above that sensual life which he shares with the brutes, into a capability of scientific and rational thought.

How many women are made wretched by the husband, who thinks copulation the highest end of marriage, and that the wife should be equally amorous with him.

"Lower to his level, day by day,
"What is fine within thee growing coarse to sympathize with clay."

The kindness, kiss and loving embrace of the wife are not, as many men think, the expression of sexual desire. When sensuality, selfishness, vanity, ambition, are the evil genii which bring the sexes together, and which haunt in various disguises the altar, the nuptial couch, the domestic circle, what can we expect but discord and misery; diseases of mind and body; broken vows; broken hearts.

Let men and women learn that marriage is the most solemn event of life. Let a pure and holy ideal of marriage be planted in the youthful mind.

Let it be super-sensuous, rational, spiritual. As Jeremy Taylor so well describes it, "The dominion of a man over his wife is no other than as the soul rules the body; for which it takes a mighty care and uses it with a delicate tenderness, and cares for it in all contingencies, and watches to keep it from all evils. The soul governs because the body cannot else be happy; but the government is no other than provision."

What restraints are to be put upon lawful sexual indulgence? is a difficult question to answer. The canon law allowed intercourse three or four times a week; Zoraster once in nine, Solon once in ten, days; Mohammed once a week, on Friday; "*Vendredi dies veneris.*"

Mr. Acton in his work on "The Reproductive Organs," says, "Once in a week or ten days for a strong healthy man."

Whatever rule is followed, remember Dr. Merville de Pousan's advice—"Drink, but do not get drunk."

In some cases abstinence may be imperatively demanded.

No man has a right to sacrifice or imperil the life of his wife for a momentary gratification. Again, those who are diseased should never marry. If they do, they have no right, morally, to leave any posterity.

Hysterical and Epileptic victims, male or female, tuberculous subjects, and exhausted debauchies should be prevented from entering the marriage state. Marriage is not a hospital for the treatment of disease, nor a reformatory institution for the moral leper.

455 CLARK AVENUE.

A CASE OF SENILE MENSTRUATION.

BY T. B. GULLIVER, M. D.
GREENSBURG, IND.

THE following rare case I have to report to the readers of THE MEDICAL ERA. While this case may not be of interest to some, yet it is certainly a remarkable one to many. Miss Fox, who is at our County Infirmary, is now seventy-four years of age. She ceased menstruating at about forty-five, in which condition she remained until two years ago, at which time her menstrual epoch re-established itself, and she has menstruated ever since every three weeks. She consulted me after four menstrual periods were passed. I found that she experienced no pains or inconvenience whatever, and consequently I did nothing. She remains well, except at times after excessive smoking her heart becomes weakened and anasarca follows. She weighs about two hundred and fifty pounds.

CONSTIPATION—A RESUME OF ITS TREATMENT ACCORDING TO THE PRATT METHOD.

BY T. W. MEANS, M. D.
TROY, O.

[Read before the American Association of Orificial Surgeons, Chicago, Sept., 1891.]

THAT a more comprehensive view of this important subject might be had than that which would be gleaned from the experience of but one individual, I took upon myself the task of corresponding with one hundred members of this society, and a few others whom I knew to be interested in Orificial Surgery, although not members of this organization, and requested each to answer the following questions, and return to me:

1. How many operations have you performed on the basis of the Pratt theory, for the relief of chronic affections?

2. How many of these cases operated upon had constipation as a prominent symptom?

3. In how many of these cases was the constipation cured, or materially benefited by the operation?

4. How many not benefited?

5. How many were worse after operation than before?

To these inquiries I elicited the information that comparatively few who have been engaged in orificial work have kept a systematic record of the number and kind of operation performed; yet the reports received were of sufficient accuracy upon which to base my conclusions as to the efficacy, or inefficacy, of the Pratt theory as applied to the treatment of constipation.

There has been no effort made to cover the broad field of Orificial Surgery, nor to inquire into the many uses to which it has been applied, but the one single object, viz: honestly and accurately to state its comparative value in the treatment of constipation.

Before giving the results of my researches, as gathered from the records before me, it might be well to ask ourselves the following questions:

First, What is constipation?

Second, What is the Pratt method of treating it?

Third, Is the Pratt method effective?

In answer to the first inquiry, the definition of Dr. Johnston, in his contribution to Pepper's work on the subject, is sufficiently comprehensive, viz:

"Constipation is that condition in which there is a prolonged retention of the feces, or in which they are habitually expelled with difficulty, or, in insufficient quantity."

This abnormal condition depends upon a great many causes; there may be a loss of sensibility and muscular degenerations, rigidity of the sphincter muscles, compression upon the rectum by the uterus, derangement of the general health, the habits of life and occupations of individuals, over-stimulation by cathartics, diet, stricture of anal sphincter, deficient nutrition, all of which conditions depend largely upon the failure and loss of vitality of the sympathetic nervous system, which has become fatigued by the constant strain upon its energies, and relinquishes its post of duty temporarily, at least until it can regain renewed energy that is necessary for the healthy function of the organism.

That the lower orifices of the body are subjected to great wear, and the irritation arising therefrom induces exhaustion of the whole nervous system, is an axiomatic fact, and future investigation will demonstrate more fully to the satisfaction of all reasoning individuals that the loss of nervous stimulus is not only the primary cause of constipation, but the cause of all other pathological conditions.

Second: What is the Pratt method of treating constipation?

As I understand it, it consists in restoring the sympathetic nervous system to its normal state of functional activity. How this may be done, matters little, nor does it affect the theory of Dr. Pratt, so it accomplishes the desired result. It may be by dilatation of the sphincter ani; it may be accomplished by dilatation of the prepuce, or by removing pockets or papillæ—various measures, medicinal or mechanical, may be used to aid in the process of restoring the equilibrium between the sympathetic nervous system and the tissues affected. The theory stands the test, and so sure as the geometric theorem is true, that the shortest distance between two points is a straight line, so sure is it that the most certain way to cure constipation is by the Pratt method.

The founder of this system insists upon his pupils comprehending the scope of his theory, that no one part of the work can stand alone, but must be taken in conjunction with the treatment of all the orifices. Hence, dilatation of the sphincter ani, and removing of pockets and papillæ from the rectum may fail to cure the constipation because there is an urethral caruncle, or a tight frænum, or nasal polypus. To lift the whole system, or vital forces, upon a higher plane is the object of the Pratt method of treatment.

The third, and most important, point is: Is the Pratt method effective?

What we want to know, as a profession, is this: Is the proposition, as laid down by Pratt, a fact? viz: as to orificial irritation and its consequent reflexes; and can morbid symptoms remote from the orifice be removed by surgical methods, performed at the point of irritation? This is the question before us today, and to prove or disprove it is one of the vital issues before the medical world at this time. Theoretically, the proposition may seem absurd; practically, all doubts fade away as the morning dew before the radiant sun. Scores of conscientious medical men have convinced themselves against their own will, that constipation, and a thousand other morbid conditions, can be produced by a contracted prepuce,

or any local manifestation of orificial irritation, however remote.

That the new method of treating constipation is effective beyond our expectation, can better be shown by the following figures and facts:

Out of one hundred cards sent to as many workers in orificial surgery, seventy-three reported. The total number of cases operated upon, for all classes of abnormal conditions, was four thousand eight hundred and twenty. Of this number thirty-one hundred and ninety-five had constipation as a prominent symptom. Of this vast number afflicted with constipation *twenty-eight hundred and twenty-eight were cured*, or *materially benefited*, three hundred and fifty-three were not benefited, and the insignificant number of fourteen were reported worse than before the operation.

In other words, eighty-seven per cent of the vast army of thirty-one hundred and ninety-five patients afflicted with constipation were cured, or materially relieved, only twelve and one-half per cent received no benefit, and but one-half of one per cent were made worse.

Of the twelve and one-half per cent who received no benefit, a majority of the operators reported that the after-treatment was not persistently followed. Hence, we can draw the following instructive lessons from the above data:

First, about sixty-five per cent of all the cases operated upon have chronic constipation.

Second, about eighty-five per cent of all these cases can be cured.

When we take into consideration the fact that all the above cases were chronic cases, many of which had been treated by the most skilled physicians medicinally for years, and that they represent what might be termed *incurables*, we have reason to rejoice and refuse to be comforted, for we have found in this new method, if properly applied, the greatest boon for suffering humanity that has been discovered since the immortal Hahnemann promulgated the law of cure, *similia similibus curantur*.

The great possibilities of this theory are beyond our present conceptions. New light has dawned upon a band of seekers after knowledge. The faint spark of uncertain knowledge that flickered for a time in the eastern horizon has risen almost to the zenith of fame, and, ere long, will outshine all other aspirants with its splendors.

We are proud to proclaim that in these waning years of the nineteenth century, after all other expedients for the cure of constipation have been exhausted, and without avail, we can, with confidence, and with that assurance of success based upon experience, call to our aid the orificial surgeon, and be benefited.

BRIGHT'S DISEASE FROM VITIATED AIR.

By CLIFFORD MITCHELL, M. D.
CHICAGO.

IN certain cases of Bright's disease we are unable to obtain history of plumbism, gout, alcoholism, syphilis, malaria or previous acute nephritis. After observation of some half a dozen cases of this kind I am led to the conclusion that the cause is *chronic poisoning by vitiated air*.

It is well known that albumin is found in the urine in animals poisoned by carbon monoxide, in that of animals rendered unconscious by being kept in a confined space, and in that of epileptic human beings directly after the seizure.

Close confinement in an ill-ventilated office during the day, and in an atmosphere loaded with the products of incomplete combustion of illuminating gas at night, is the fate of more than one American business man.

The oxygenation of the blood is gradually diminished, and after a period of time, though it may take years, the influence of impure air upon the chemistry of the lining cells is manifested by albuminruia.

Recovery cannot be brought about by a six weeks' sojourn anywhere. *Continuous* residence in suitable climates may delay the progress of the disorder.

The "remedy" is in prevention—men of otherwise correct habits should be taught that constant inhalation of vitiated air is slow poisoning, effects of which will be shown in time by the appearance of abnormal constituents in the urine.

Horseback riding, bicycle riding, driving, rowing, walking or mountain climbing according to the tastes of the individual and seasons of the year are the greatest enemies to diminishing oxygenation of the blood. Unfortunately the average business man takes no thought of these things until *after* albuminuria is established. The time to begin is when the urine, not as yet albuminous, nevertheless has begun to decrease in quantity and to fall off in urea and phosphoric acid, as shown in my articles in the ERA on the urine of American business men.

70 STATE STREET.

SELECTIONS.

Passiflora Incarnata, Carbolic Acid, Acetic Acid.

Passiflora Incarnata. In bringing this remedy to the notice of the profession, I do not wish to be understood as recommending it for any particular condition by virtue of its similarity from the proving, for I have none; nor do I know that it has ever been thoroughly proven. I offer it, therefore, as an empirical remedy until it shall be proved and its exact sphere of action determined.

Passiflora, in my experienc, has been particularly useful in cases of insomnia of purely nervous origin, especially in cases of debilitating disease which develop a decided neurasthenia, and in which sleeplessness is a marked and very troublesome symptom.

It does no good where the inability to sleep is due to pain or distress of any kind, but in cases where we find that the nervous erethism is not controlled by the action of coffee, opium, sulphur or other apparently indicated remedy. Passiflora is in its place as a succedaneum for morphia or other sedatives. The dose varies from ten drops to one dram of the tincture, according to the age of the patient. I do not hesitate, in the case of an adult, to give dram doses of the tincture every hour until the patient sleeps, and have seen it act in the happiest manner in restoring the rhythm of the heart's action when that organ has been deranged in its movements by the combined effects of exhaustion and loss of sleep.

Passiflora has also given me much aid in a case of morphine habit of six years' standing, which I cured wholly and entirely by the use of this remedy. It is recommended in the above mentioned doses for delirium tremens, trismus, tetanus and kindred diseases of the nervous system, repeated every hour or half hour until relief is obtained. This remedy leaves no after effects, is incapable of creating an appetite, and, so far as my observation extends, it is perfectly harmless even in large doses often repeated.

Carbolic Acid. This remedy, though not new, has helped me very much in some decidedly bad cases, and I believe it to possess merit far beyond that usually given it. I wish to call attention especially to its power in diabetes mellitus. The writer has permanently cured three cases of this disease occurring in middle-aged and young persons, who applied for treatment in the beginning of the disease. The tests showed the urine to be heavily loaded with sugar, and this, with the other characteristic symptoms of the disease, made the diagnosis conclusive. The remedy does not appear to possess much power in late stages of the disease.

A very good proving of the remedy may be found in Hering's "Guiding Symptoms." One of its leading characteristics, which I have often verified, is a tired feeling which seems to result from a condition of physical prostration. In all diseases in which it is indicated, one or both these symptoms will be present in a marked degree. This remedy is well worth the attention of the profession.

Acetic Acid. My object in speaking of this remedy is to call attention to its use in membranous croup. The remedy is amply able to speak for itself if given an opportunity in this disease. It is capable of saving precious lives even after other remedies have utterly failed. This the writer knows from positive experience.

Do not forget acetic acid tincture to 3x when next you meet with a case of membranous croup.—*Dr. A. I. Harvey, Trans. Maine Hom. Med. Soc.*

Case of Cancer with Treatment by Arsenicum Album.

During the last week of October, 1890, I was summoned on a professional visit to Mr. W., a retired cotton manufacturer, then staying at his summer residence at Old Orchard, suffering from epithelioma of the conjunctiva and surrounding tissues.

I found my patient, aged sixty-nine, a naturally strong, hardy old gentleman, but much prostrated and broken down from severe and long continued suffering.

The ulcer had started at the outer canthus of the left eye, and extended downward and backward as far as the zygoma, well down upon the cheek, and upward deeply beneath the orbital arch.

It had been under almost constant treatment for six years by no less than four cancer specialists in Boston and elsewhere, and lastly the patient submitted to two operations in the Maine General Hospital, which, like all former treatment, had only aggravated the difficulty and depleted the sufferer.

I assure you the prospect was anything but encouraging. An aged, broken-down and discouraged patient, a malignant ulcer, aggravated by repeated "drawings," cauterizings and cuttings, presented a most uninviting case, to say the least.

After carefully reviewing the history of the case and fully considering its present features, I concluded that the only treatment which offered any encouragement whatever to my patient lay in the now well known "Mitchell's Method." But considering the fact that I had a "secondary sore" to deal with, and a case presenting the other and many adverse features found in this one, I freely admit that I commenced my work with "fear and trembling."

Treatment was begun November 1, Mr. W. going to Lewiston, where I could give him constant and personal attention.

The ulcer was dressed twice daily by first cleansing thoroughly with carbolized linseed oil, then applying the 2x trituration of arsenicum album by dusting over the exposed portion of the ulcer, while that portion situated beneath the lid and orbital arch was first treated to a solution of the remedy, followed by the application of the powder, the whole proteced by a sublimate gauze dressing and covered with borated cotton held in place by adhesive plaster.

I will not fatigue you with a recital of the details of the tedious work of keeping up the treatment, but will briefly state that after three or four weeks the sore commenced to heal, with little or no slough, and gradually closed up after three months of constant and untiring attention, leaving an indurated mass above the cicatrix. This cicatrix broke down in two weeks, taking a portion of the induration with it, but healing more readily than the first, cicatrization being complete in four weeks. At this time the 3x trituration was substituted for the 2x trituration.

A portion of indurated tissue still remaining, I predicted another breaking down, which occurred in three weeks, destroying still more of the mass and rapidly healing. The 3x trituration proved much more painful in its application than the 2x, but the healing was advanced by its use.

The soreagain opened in three weeks, the patient havng gone to his home in Wayne Village. I was at this time fortunate in securing the assistance of Dr. F. L. Chenery, of Wayne, who faithfully carried out the detail of the treatment, myself visiting the case weekly.

The sloughing on this occasion was rapid and extensive, including all the diseased tissue external to the conjunctiva. It healed rapidly, smoothly and, I have every reason to believe, permanently.

There is still a minute spot beneath the lid that will probably require a little attention later, but there is every evidence of a brilliant victory where at first appeared to be a hopeless battle. A report of this case would not be complete without mentioning the general condition of the patient. He has slept well since the first week of treatment, his appetite returned, he has gained in flesh, and at the present time weighs more than ever before in his life.

In closing permit me to say that if ever a treatment was put to a severe test it was "Mitchell's Method" in its application to this most trying case.—*Dr. A. K. P. Harvey, Trans. Maine Hom. Med. Soc.*

The Treatment of Tuberculosis of Bones and Joints by Parenchymatous and Intra-Articular Injections.

1. Parenchymatous and intra-articular injections of safe anti-bacillary substances are indicated in all subcutaneous tubercular lesions of bones and joints accessible to this treatment.

2. Of all substances so far employed in this method of treatment, iodoform has yielded the best results.

3. The curative effect of iodoform in the treatment of local tuberculosis is due to its anti-bacillary effect, and its stimulating action on the healthy tissues adjacent to the tubercular process.

4. A ten per cent emulsion in glycerine or pure olive oil is the best form in which this remedy should be administered subcutaneously.

5. The ethereal solution should never be employed, as it is liable to cause necrosis of the tissues overlying the abscess, or iodoform intoxication.

6. Tubercular abscesses, and joints containing synovial fluid or tubercular pus, should always be washed out thoroughly with a three to five per cent solution of boracic acid before the injection is made.

7. Injections should be made at intervals of one or two weeks, and their use persisted in until the indications point to the cessation of tubercular inflammation and the substitution for it of a satisfactary process of repair, or until the result of this treatment has shown its inefficacy, and indications present themselves of the necessity of resorting to operative interference.

8. If the treatment promises to be success-

ful, symptoms pointing to improvement manifest themselves not later than after the second or third injection.

9. In tubercular empyema of joints and tubercular abscesses, gradual dimunition of the contents of the joint or abscess at each successive tapping, lessening of the solid contents of the fluid and increase of its viscidity, are the conditions which indicate unerringly that the injections are proving useful, and that in all probability a cure will result from their further use.

10. Moderate use of the limb is compatible with this method of treatment, provided the disease has not resulted in deformities which would be aggravated by further use of the limb. In such cases correction of the deformity should be postponed until the primary joint affection has been cured by the injections.

11. Parenchymatous and intra-articular medication with anti-bacillary materials, has yielded the best results in tubercular spondylitis attended by abscess formation, and tuberculosis of the knee and wrist joints.

12. The treatment may prove successful in primary osseous tuberculosis followed by involvement of the joint, provided the osseous foci are small.

13. Extensive sequestrums of articular ends, with secondary tubercular synovitis, always necessitate resection; but preliminary treatment by iodoform injection into the affected joints constitutes a valuable preparatory treatment to the operation, and adds to the certainty of a favorable result.

14. In open tubercular affections of joints, incision, scraping, disinfection, iodoformization, iodoform gauze tampon, suturing, and subsequent injection of idoform emulsion, is advised, and yields excellent results, and should be employed in all cases in which a more formidable operation can be avoided.

15. Balsam of Peru ranks next to iodoform in the treatment of tubercular affections of bones and joints, and if the latter remedy for any reason cannot be employed, or has failed in effecting the desired result, it should be given a fair trial, if operative treatment is not urgently indicated.—*Dr. Senn, in Int. Journ. Surgery.*

As regards cerebral tumors, in only a very small number is operative interference indicated. The statistics demonstrate that the indications for this class of cerebral surgery should be still more restricted.

Diabetes Mellitus Treated by Chloride of Gold and Sodium.

Case I.—L. T., aged 52; a commercial traveller; married; no hereditary or specific disease, but a steady, moderate drinker and gourmand; weight, two hundred and three pounds; height, five feet eleven inches. Health has been good with the exception of occasional attacks of colic. One year ago he noticed he had to urinate very frequently, arising from six to ten times each night, and passing about three quarts daily.

Urinalysis.—Urine, color rain-water; specific gravity 1040; sugar by Haines's test.

Treatment.—Anti-diabetic diet, Budai Imperial wine, and five minims of chloride of gold solution, representing a dose of $\frac{1}{15}$ grain three times daily, gradually increasing dose until physiological action appears.

Repeated urinalysis during a period of eight weeks demonstrated a steady decrease of sugar until it became normal, and has remained so to date. Specific gravity 1019.

Case II.—Mrs. F., aged 50; Irish widow; height, five feet one inch; weight, one hundred and ninety-nine pounds. A rheumatic subject. Has undoubtedly had diabetes mellitus for ten years, but a urinalysis was never made until four months ago.

Urinalysis. — Color clear; odor sugary; specific gravity 1038; Haines's test; urinates from six to ten times a night; severe pruritus vulvæ; has excruciating pain in left heel, and ankles swollen at night.

Treatment.—Dietetic, no wine, and codeia, antipyrin, Cleman's solution of bromide of arsenic, et cætera, ad nauseam. A few weeks ago began chloride of gold and sodium treatment. Through a misunderstanding the patient took the salt in such rapidly-increasing doses, and for so long a period, that she was salivated. At length she sent me a specimen of urine, and it was free from sugar, specific gravity 1020; no polydipsia or polyuria. To date no reappearance of sugar in urine in either case.—*Dr. Robinson, in Chi. Med. Record.*

How to Treat Abscess.

How should abscess be treated?

Until within the last few years the only procedure that offered any promise of cure was that of opening the abscess by free incision, scraping off the abscess membrane with a sharp spoon and then uniting the wound with sutures, and this plan I believe still to be the

most desirable one, when there is a probability of osseous disease which can be reached with instruments, for this gives us the best chance of permanent recovery without relapse. The experiences of Billroth, Mikulicz, Bruns and Verneuil have taught us that very good results may be obtained by injections of solutions of iodoform. Under antiseptic precautions the contents of the abscess is evacuated through a fine trocar or aspirating needle. The cavity is then irrigated with a 3 per cent boric acid solution; when the fluid returns clear, iodoform is injected. Various substances may be used as a vehicle for the iodoform, ether, alcohol, sweet oil or glycerine. The first has been extensively used, but I do not advise it on account of the severe pain which follows its introduction. The first patient upon whom I used it never returned, declaring that he would rather have it cut out than submit to the severe pain. Since I have substituted glycerine for ether equally good results have been obtained with little or no pain. Two strengths may be employed, a 10 or a 20 per cent mixture of iodoform with pure glycerine. The finely powdered iodoform is first rubbed up with a few drops of glycerine, and glycerine added from time to time until the required strength is obtained. Before this mixture is used, it is well shaken until it looks like an emulsion. Inasmuch as iodoform has little antiseptic properties, it should have been recently sterilized, and the emulsion should be a fresh one. Two to three ounces of the ten per cent mixture may be injected into an abscess cavity, but as a rule one ounce will be sufficient. In cachectic individuals this latter amount should not be exceeded. In order that the remedy may come in contact with every portion of the cavity, the walls of the abscess should be rubbed together after the removal of the canula. By this means the iodoform is brought into contact with the inner surface of the abscess walls, causing its distruction and producing healthy granulations. This has been proven by Profs. Bruns and Nauwerck, who have made microscopic examinations of the walls at different periods, and found not only the bacilli in the abscess membrane had disappeared, but the fibrous tissue layer beneath the abscess membrane had developed healthy granulations which were subsequently converted into cicatricial tissue.

When the contents of the abscess is so thick that it cannot be discharged through the ordinary trocar, the opening may be enlarged with a bistoury. This wound may be then stitched together and the injection made as before suggested.

The number of injections demanded depends somewhat upon the size of the abscess. In a very small abscess one injection may be sufficient, but in the majority of cases, two, or even more, must be made at intervals of from two to four weeks.

In the smaller abscesses a period of two to four weeks passes before any noticeable change in the size of the abscess occurs.

In the larger ones the fluid often re-accumulates, and the abscess must be evacuated, irrigated and injected as before. Thus two to four months may elapse before a complete cure is effected. In each case after the injection a regular antiseptic dressing is applied and retained until the puncture made by the trocar is entirely obliterated. A somewhat similar plan may be employed in the treatment of tubercular joint disease, with or without abscess.—*Dr. Shears, in The Clinique.*

The Cause of Anæmic Heart Murmurs.

Anæmic heart murmurs have been the subject of various ingenious explanations. The one given by the best text-books for a long time was a morbid condition of the blood, an explanation good as far as it went, but one that did not go very far. Recent investigations make it probable that these murmurs are due to a weakness of the papillary muscles of the heart, by which the curtains of the mitral and tricuspid valves are relaxed and so give rise to an adventitious sound. Experiments show that when in the death of an animal the heart gradually fails, the contraction of the papillary muscles lags more and more behind that of the ventricular wall, and ceases entirely some time before the rest of the heart stops beating. On account of their situation the papillary muscles are the part of the heart wall likely first to feel the effects of a decreased blood supply in anæmia; corroborative evidence of this theory is found in the fact that in acute anæmia and other conditions of sudden and great weakness, a heart-murmur is often to be detected, which disappears, upon compression of the iliac vessels or abdominal aorta, or upon the administration of alcohol or digitalis to strengthen the heart beat.—*North Western Lancet.*

Surgical Treatment of Imperforate Hymen.

My ideas as to the proper method of procedure, are as follows:

1. Warn the husband or friends of the danger of the operation.
2. Give the patient an anæsthetic.
3. Incise and tear the hymen freely.
4. Wash water in at once to take the place of and to wash out the blood and *débris*, and wash until the water comes out clear. Several quarts will be required.
5. Pack the cavity full of iodoform gauze. Use no compression on the abdomen.
6. Stitch the internal and external mucous surfaces of the hymen together.
7. Apply an antiseptic pad to the genitals.
8. Remove the gauze in forty-eight hours, wash out a cavity, re-apply gauze.
9. Keep the patient in the recumbent posture for two weeks, and in bed or on a sofa for a week or ten days longer.
10. If symptoms pointing to ruptured or leaky tube, with accompanying peritonitis, set in, open the abdomen, remove the cause of the peritonitis if possible, wash out the peritoneal cavity, and drain. To be successful this must be done early.—*Dr. Ross*, in *Jour. Am. Med. Assn.*

Treatment of Hydrocele by Carbolic Acid Injection.

Carbolic acid for the cure of hydrocele is said to have been employed as early as 1872 by Levis, of Philadelphia, but no report was made of it until 1881.

Since then a number of articles have been written by leading surgeons in this country, thoroughly approving of the method.

The radical or cutting operation of Volkman and its various modifications, while usually successful in relieving the hydrocele, require the use of an anæsthetic, and a week or more in bed should suppuration occur.

The method of Levis, by carbolic injection, is practically painless, confinement to bed is in no sense essential to the relief of the condition, and unless an inordinate amount (over thirty minims) be used sloughing should never occur.

Out of the large number of cases of hydrocele met with in the hernia department of the Hospital for Ruptured and Crippled, I have injected fifty-four with carbolic acid.

APPARATUS.

The simplest and most efficient apparatus is a small trocar. After thorough evacuation a hypodermic syringe can be screwed on to the canula, permitting the injection being made without allowing one drop of the acid to come in contact with the skin of the scrotum.

When m. v-xxv of liquified crystals of carbolic are distributed over the whole serous surface, two or three minims in each place, nothing more than a sense of warmth is felt. After removal of the canula, slight kneading of the sac may be done to insure thorough coating of its walls with the irritant.

Usually, within twenty-four hours the height of the inflammatory reaction will have been reached, which consists of lymph and serous exudation, at times becoming hemorrhagic. In a number of cases I have used a small aspirating needle to ascertain just what process was going on, and in several instances I removed the recently exuded fluid, allowing the sac walls to collapse more quickly.

Of the 54 cases, 9 were never seen after the injection; 5 paid me one visit within the first week only, and 4 are at present under observation. This brings my number down to 36, all of whom were cured; 27 had one injection, 4 had two injections, 5 had three injections.

In no case has sloughing occurred, and not one of the 36 patients lost more than 24 hours from business. From two to six weeks is necessary for absorption of the exudation to to take place, and thickening of the sac may remain much longer.

Although a drachm and a half of the acid has been injected, without any detrimental effects, a smaller quantity has caused sloughing. I therefore prefer doing a second, or even a third operation, using in no case more than thirty minims.

CONCLUSIONS.

1. Carbolic injection is a safe method for the cure of hydrocele.
2. It is practically painless.
3. The patient is allowed to attend to business without more than one day's delay.
4. The disagreeable effects of an anæsthetic are avoided.—*Dr. S. E. Milliken, in Annals of Surgery.*

Plunging the patient's feet and hands into water as hot as can be borne has been an effectual method of stopping many severe cases of epistaxis.

Avoidance of Stimulants During Hemorrhage.

It is customary, when the accident of hemorrhage occurs, for the operator, or some bystander, to administer wine, brandy, or some other alcoholic stimulant to the patient, under the false idea of sustaining the vital power. It is my solemn duty to protest against this practice on the strictest and purest scientific grounds. The action of alcohol, under such circumstances, is injurious all around. It excites the patient, and renders him or her nervous and restless. It relaxes the arteries, and favors the escape of blood through the divided structures. Entering the circulation in a diluted state, it acts after the manner of a salt in destroying the coagulating quality of the blood; and, above all other mischiefs, it increases the action of the heart, stimulating it to throw out more blood through the divided vessels. These are all serious mischiefs, but the last named is the worst. In hemorrhage the very key-stone of success lies so much in quietness of the circulation that actual failure of the heart, up to faintness, is an advantage, for it brings the blood at the bleeding point to a standstill, enables it to clot firmly, when it has that tendency, and forms the most effective possible check upon the flow from the vessels. Dr. Richardson refers to a case in which three pounds of blood was lost and the patient was unconscious, but which recovered. He refers to this as typical, because, if a stimulant were not wanted in it, a stimulant cannot be called for in examples less severe. The course followed was simply to lay the patient quite recumbent when signs of faintness supervened, and, so long as he could swallow, to feed him with warm milk and water freely. Such, in my opinion, is the proper treatment to be employed in every instance of syncope from loss of blood.—*Dietetic Gazette.*

It is well known that carbon exists in three different forms—charcoal, graphite and diamond—and that hitherto every effort to transform the one into the other has been vain. It is said, however, that charcoal has recently been transformed into graphite by passing cyanogen through a red hot porcelain tube containing charcoal or coke, sprinkled with powdered cryolite. The carbon separates into a bulky mass of very slender filaments. which, after being subjected to pressure, cannot be distinguished from graphite.

Some Pediatrical Don'ts.

Don't fail, when called to a case, to acquire as complete a history of the illness from the nurse or mother as is possible before proceeding to an examination of the child.

Don't fall into the habit of ascribing the mother's fears and anxieties to an hysterical tendency which it is your duty to ignore. Listen to her, and profit by her suggestions.

Don't be cross or cross-looking while in any sick-room and especially in that of a child.

Don't indulge in any sudden or violent movements while examining infants. Undue fright will thus be avoided.

Don't percuss the anterior surface of the chest first. Always commence with the back.

Don't forget that the respiratory sounds, especially the inspiratory, are normally full and harsh in childhood. Hence the term "puerile" respiration.

Don't expect to find the consolidation of phthisis in one or the other apex as in the adult. Very frequently it is found in other portions of the lung.

Don't make a diagnosis of pulmonary cavity from the presence of the "cracked-pot sound" in children. This sound may be elicited in pleurisy and pneumonia as well.

Don't confound a pneumonia in its initial stage with a meningitis. The nervous manifestations of the former are quite pronounced, but the temperature chart will be the guide.

Don't take the temperature of a child in the axilla. The tissues here are usually very small and cannot sufficiently cover the bulb of the thermometer to secure accuracy of registration. The rectum is better.

Don't fail to examine into the condition of the *thoracic* viscera whenever the child complains violently of pain in its abdomen.

Don' forget that tubercular peritonitis in the child is very frequently unattended with any pain or tenderness.

Don't forget that tubercular disease of the peritoneum and mesenteric glands is a frequent occurrence in early childhood, and is usually indicated by great prominence of the abdomen.

Don't forget that the liver is relatively large in young children, and prominent below the ribs, even when there is no diseased condition present.

Don't fall into the popular habit of ascribing all of the complaints of the early months

of infancy to teething. Teething is a physiological, not a pathological process.

Don't diagnose the presence of intestinal parasites until one or more of the worms have been seen.

Don't fail to suspect the onset of some grave disorder—scarlatina, pneumonia or meningitis—whenever there is persistent vomiting.

Don't wean the child suddenly, unless such a course is made necessary by a sudden failure of the milk, or by sickness in the mother.

Don't permit a woman suffering from grave constitutional disease—tuberculosis or siphilis—to nurse her child.

Don't permit a woman who has become pregnant to continue nursing her infant.

Don't wean a child until after the twelfth month if possible to avoid doing so.

Don't permit a child to nurse from the breast after the eighteenth month.

Don't wean a child during the summer season, unless absolutely unavoidable.

Don't give a baby, which must be raised artificially, food preparations containing starch or its derivatives, glucose and dextrine.

Don't fail to thoroughly sterilize the milk used in the preparation of foods for infants.

Don't fail to enforce a general rule for the feeding intervals. All danger from over or under-feeding will thus be avoided.

Don't permit the bottle, which should be very simple in its form, to become in the slightest degree unclean. Fermentation with its disastrous effects may thus be avoided.

Don't permit the baby to sleep with the nipple in its mouth.

Don't permit the milk to stand in the bottle. Throw what remains away after each feeding.

Don't fail to thoroughly scald the nipple, tube and bottle after each feeding, and keep them in a solution of soda until the next using.

Don't give the baby the bottle to sooth the crying or fretfulness of temper. Such a proceeding is always harmful.

Don't fail to inquire thoroughly into the physical and moral qualifications of the wet-nurse should one be required.

Don't prescribe a drug when a little attention to the diet or hygiene will do better.

Don't forget that infants are liable to take cold easily, owing to the relative feebleness of the heart and circulation. Proper wraps should therefore be provided, and ventilation secured without exposure.

Don't be alarmed at the great rapidity of the pulse. Any undue excitement or prolonged crying, or any slight febrile excitation will give rise to a pulse out of all proportion to the gravity of the general condition. A rapid pulse during sleep, however, is of more grave significance.

Don't limit the supply of fresh air and sunlight. A child can never get too much of these, even when sick. They should be so arranged, however, as to avoid eye-strain and chilling.

Don't expose the eyes of a new-born infant to a sudden or very bright light.

Don't permit a child to assume a sitting posture at an early age. Spinal curvature may thus be produced, especially if the infant be rachitic.

Don't anticipate the natural efforts at locomotion, otherwise unsightly curving of the limbs may result, necessitating later operative procedures.

Don't designate the symptoms of rheumatism by the popular term "growing pains." Serious heart disease in its early stage may thus be overlooked.

Don't mistake cerebro-spinal meningitis for rheumatism. The diagnosis is often a difficult one.

Don't forget that tubercular meningitis is usually preceded for weeks or months by a gradual but progressive loss of flesh.

Don't mistake the relatively greater development of the head in proportion to the shoulders for a commencing hydrocephalus. It is the natural condition in the early weeks of infancy.

Don't mistake the normal breath sounds which are heard in ausculating the fontanelles for the bruit which may be indicative of commencing disease, hydrocephalus or rickets.

Don't forget that inability to speak, inability to walk, and other evidences of backwardness in children may be due to some form of mental disorder, either idiocy or imbecility.

Don't vaccinate an infant while it is suffering from eczema or tooth rash.

Don't forget that the pain of commencing coxalgia is first complained of usually in the knee of the affected side.

Don't fail to keep the baby's chest protected by a rubber bib during dentition. Serious lung troubles may be avoided by this precaution.— *Dr. Dorland, in Medical Progress.*

SCIENTIFIC NOTES.

The judicial authorities in Germany are preparing a report which favors electricity as a means of putting murderers to death. The French scientific journals also have ventured to prophecy that this method will supersede the guillotine in the next century.

There are sixteen species of American trees, the wood of which, when well seasoned, will sink in water. The heaviest of these is black iron wood, which is 30 per cent heavier than water. A species of oak grows in Texas and New Mexico which, when green, will sink almost as quickly as iron.

The average size of families in the various countries of Europe is as follows: France, 3.03 members; Denmark, 3.61; Hungary, 3.70; Switzerland, 3.94; Austria and Belgium, 4.05; England, 4.08; Germany, 4.10; Sweden, 4.12; Holland, 4.22; Scotland, 4.46; Italy. 4.56; Spain, 4.65; Russia, 4.83; Ireland, 5.20.

Of the entire human race 500,000,000 are well clothed; that is, they wear garments of some kind; 250,000,000 habitually go naked, and 700,000,000 only cover parts of the body; 500,000,000 live in houses, 700,000,000 in huts and caves, and 250,000,000 virtually have no shelter.

There are about 1,500,000,000 people in the world, with very nearly an equal division of sex. One-fourth dies before the fifteenth year, and the average duration of life is about thirty-three years; 33,033,000 people die each year, making a total of 91,501 each day, 3,770 each hour, 62 each minute, and about 1 each second.

Typhoid fever never infects the atmosphere; never originates *de novo*; its causes, in order of frequency, are:

(1.) Infected water;
(2.) Infected milk,
(3.) Infected ice;
(4.) Digital infections;
(5.) Infected meats.

Pyogenic membrane is not pyogenic—does not generate pus. It is the protective barrier with which nature has environed an infected area and preserved the peri-tissues. And the fact that no pyogenic bacteria are found in the pus from a cold abscess, shows that they have been starved out—or rather starved in—by being thus encircled.—*Dr. McDonald, in So. Jour. Hom.*

SURGICAL NOTES.

The McBurney point—about the center of a line drawn from the anterior superior spine of the ilium to the umbilicus—possesses some diagnostic value, but cannot always be relied upon, as the appendix may be displaced by an abscess, or by adhesions.—*Dr. McDonald.*

I have never seen a case in which a fracture was definitely determined in the superior segment of the elbow joint recover without ankylosis, impaired action, or weakness, in varying degrees, remaining after treatment; and I do not believe that any method known to science will ever wholly obviate them, when this sundering of the humeral head extends down through the condyles and implicates the synovial investment.—*Dr. Thos. H. Manly.*

When a fracture occurs involving a joint, rigidity is first due to muscular spasm, and to effusion into the joint and surrounding tissues. Passive motion at this time increases the effusion both into the joint and surrounding tissues, the motion which it induces between the fragments augments the quantity of callus-forming material, and as a result it tends to restrict the arc of motion from adhesions and from deposit of plastic material both within and without the joint. This ought to settle the question of early passive motion.—*Dr. Thos. H. Manly.*

Transplanting Skin Flaps—The forearms were placed in an easily-folded position over the epigastrium so that the palms rested upon the corresponding elbows anteriorly. A quadrilateral flap was raised from the lower, anterior aspects of the arm, the free edge of which was stitched to a split made in the radial side of the forefinger. The forearms were confined in plaster-of-Paris until union had taken place. The flap was then detached from the arm, the hand placed against the face and the free edge of the flap stitched to the upper edge of the gap in the cheek. Immobility by plaster-of-Paris was again maintained until union was complete, when the flap was separated from the finger and used to form the new cheek. In spite of some sloughing, caused by the irritation of a sliding-flap operation performed subsequently, enough of the flap remained to prove the practical utility of the measure. In all, twenty-two operations were performed on this patient before she was willing to lay aside her veil and go out before dark.—*Medical Record.*

GYNECOLOGICAL NOTES.

In all cases of uterine hemorrhage, however obscure, the immediate cause of the hemorrhage lies within the uterus—hypertrophy of the endometrium; the remote cause is any condition of the pelvic organs or tissues which leads to chronic congestion of the uterus.—*Dr. A. C. Coe.*

Whenever one can press the fingernail into the surface of the suspected cervix, or of the cervical cavity, and remove some debris of tissue, one is authorized in affirming the epitheliomatous nature of the malady. This sign is especially intended to differentiate the cancerous cervix in various forms of chronic metritis. In these latter affections, the cervix feels sometimes hard, sometimes soft, but in no case will one find it possible to make the nail penetrate the mucous membrane and bring away fragments.—*Dr. Laroyenne.*

Idiopathic pelvic inflammation is a myth and a delusion; the inflammation is almost invariably secondary to uterine, tubal, or ovarian disease.

Most cases of non-puerperal pelvic inflammation, if not due to traumatism, are of gonorrhœal origin.

In the present imperfect state of our diagnostic resources, the establishment of a differential diagnosis must be in many cases mere pedantry.

In the present imperfect state of our therapeutic resources the differential diagnosis is not of the very highest importance.—*Dr. Henry. S. Stark.*

I invariably employ drainage in laparotomy, as it gives us the first indication of hemorrhage when it is present; for if blood is effused in the peritoneal cavity, it will very soon find an exit through the tube in the abdomen. If a hemorrhage takes place into the pelvic cavity, when no drainage has been established, and there is no means of exit for the flow, such a condition is generally termed shock, and the patient is accordingly said to have died from shock, as that is the most convenient name to give it. Even at post-mortem, the true cause of death cannot be ascertained, as the blood may have thenc hanged into serum or even pus.—*Dr. W. G. Wylie.*

Preventive medicine had its origin in Hahnemann's teachings.—*Dr. Aug. Korndærfer.*

WORTH KNOWING.

Prostatitis, as found in old men, is never a solitary trouble, but accompanied by changes in the kidney, liver, bladder and other organs.

In nephritis do not give diuretics, or anything to increase body oxidation, for thereby more work is heaped on the already overworked kidneys, and degeneration is increased; fuel is added to the fire. Reduce the diet and increase the nutrition of the kidneys.

Photophobia with dilatation of the pupil is a useful diagnostic symptom of whooping-cough in the early stage, before the cough has become characteristic. Three cases are cited by Dr. Huguin in support of this opinion—two of the patients were children and one an adult—and in all of them the symptoms referred to preceded any other manifestation of the disease.

The anal reflex consists in a contraction of the anal sphincters in response to a stimulation of the skin aud mucous membrane of the anus. It is invariably present in man in health. The branches of the inferior hæmorrhoidal, pudendal, and perineal nerves, on which this reflex depends, are connected with the third and fourth roots of the sacral plexus, which spring from nerve cells in the conus medullaris.

Santonine is a very useful remedy for seatworms, but in several cases which have come under my notice of poisoning by this drug in children, it proves a very dangerous one in large doses, producing convulsions, frothing at the mouth, twitching of the muscles of the whole body, especially of the face and muscles of the eyes,, causing strabismus, which, after recovery, left in two cases catarrhal bronchitis that attracted me more particularly to this remedy.—*Dr. Macfarlan.*

Camphorated salve, made by melting a mixture of thirty grammes of salol and twenty grammes of camphor, is a remedy of great value in otorrhœa, or chronic purulent otitis. It causes no pain, is non-irritating, and can be applied to the ear on a small piece of cotton. It should be withdrawn in twenty-four hours, or even less time when suppuration is profuse. The camphorated salve dressing should be renewed every other day; in the interval use injections of warm boric acid.

Tuberculosis should be expected in every croupous pneumonia in a child that does not yield by the eighth day. Fluctuations in temperature, hyperæsthesia or the appearance of joint lesions, orchitis or meningeal symptoms will confirm the diagnosis.

There is one condition which will be removed by small doses of Ignatia, which is a great comfort in some ways; and that is feminine sexual frigidity. Give the remedy a trial in cases where there are no morbid variations, and nothing in the way but feminine sexual frigidity.—*Ec. Med. Journal.*

There are causes of sterility in women which cannot be discovered by the vaginal touch, and that the dilatation of the cervix is not an infallible cure in every case. Distrust the statistics of any gynecologist who reports an unusually large percentage of cures as the result of any peculiar method of treatment. Remember that in unfruitful marriages, while one women in fifteen is sterile, *one man in six* suffers from azoospermia in consequence of "early indiscretions," which he either forgets or does not care to recall.

Diphtheritic conjunctivitis usually so rebellious to the action of remedies or to the nitrate of silver (which generally produces disastrous results), seems to be more amenable to treatment under the local application of lemon juice than any other means we possess. It is applied every five hours, day and night, the first four days, then every eight hours, and finally twice a day until recovery is assured. Nothing but lemon juice should be used from beginning to end of the complaint. Recovery takes place without spots on the cornea, which is not the case where nitrate of silver is used.

Nervous people should eat fat food. Fat is to a tender nerve what an air cushion is to a tired invalid. With the fat should be combined grain foods and vegetables for strength, and fruit to keep up a healtful and judicious consistency of the blood. I know of no better way to administer fat than by using fat pork. I have my patients get a square of salt side meat, thick and fat. Have it boiled, keep in the ice box or a cool place. Carve very thin, season well and place between two thin slices of bread. Such puddings twice a week are strongly recommended. Butter and cream, or what is better, oleomargarine, are adjuvants of great value.—*Dr. S. H. Talcott.*

The latest treatment of boils, when appearing in succession and in quantities, as given by Mr. Alison of Baccarat, is boric acid. Each day, for one or two weeks, give from eighty centigrammes to one gramme of boric acid. Wash the boils and adjacent skin with a hot solution of same, and in the interim keep them covered with cloths dipped in the same solution. This treatment stops the boils short when they are just appearing, heals them rapidly when matured, and prevents new eruptions of boils.

For many years I suffered from the most aggravated form of pruritus ani, which refused to yield to any one of the many remedies applied for its relief—nothing seemed to have the slightest effect in ameliorating the torture to which the intense itching subjected me. After exhausting the pharmacopœia I began to abstain from certain articles of food; one after another was dropped from my dietary for several weeks, but without effect until coffee was reached. An abstinence for a period of two or three weeks resulted in complete relief from the distressing symptom. As a matter of experiment the use of coffee was resumed for several days with the effect of reproducing the pruritus; the experiment was tried several times with the same result. A year without coffee has been to me a year without pruritus."—*Dr. Metcalf.*

In pneumonia the *right heart*, and not the heart as a whole, is the main source of exhaustion, and the character of the second pulmonary sound is a better guide to the conditions present than the pulse. The pulmonary circulation is obstructed by the permanent dilatation of the vessels in the engorged lung, and overcrowding of the right heart necessarily occurs. In the systemic circulation, on the other hand, the arterioles are contracted, forcing the left heart to more rapid and more powerful contractions, which result in overfilling the veins, and forcing upon the already overburdened right heart a surplus of blood to be handled. The overcrowding of the right beart from the venous side tends to produce dilatation of the right ventricle before a compensatory hypertrophy can be established. It is not surprising, therefore, that in individuals in whom the nutrition of the heart-muscle has been seriously impaired, as in alcoholic or nephritic cases, the mortality from pneumonia should be unusually high.—*Dr. A. H. Smith.*

COLLEGE NOTES.

CLEVELAND.

HOMŒOPATHIC HOSPITAL COLLEGE.

Prof. Phillips:—Do not forget that an inflammation of the edges of the lids, with crusts of dried secretion between the lashes, is generally due to an error of refraction, and that accurately selected glasses are the only remedy that will give permanent relief.

Do not forget that an accumulation of hardened wax in the auditory canal is not a disease *per se*, but is a sign of chronic aural catarrh. Removal of the cerumen may or may not materially improve the hearing.

Prof. Hall:—Clinic: Nellie Seiper, aet. 9, Kinsman, St. Deviated septum. This case appeared before the class with a history of necrosis of the nasal bone upon the left side of the face. Before coming here a piece of bone had been removed, leaving a scar. Upon her first appeaiance before the class there was complete occlusion of both nostrils. At my request she came to my office upon the following day, so that I might treat her more effectually. Three days later, while in my office, I succeeded in removing from the left nostril a polypoid growth as large as her thumb, since which time there has been a free discharge from both nostrils, more especially from the left, leaving a greatly increased size of the nasal passages. Either this growth upon the left side, or some injury the child received which may have been the primary cause of the trouble, has forced the septum over to the right, so that the right nostril is nearly occluded.

The patient was instructed to crowd her finger up her right nostril several times a day, hoping thereby to force the septum back into its normal position. She was also directed to spray the passages thoroughly every day with Dobell's solution.

She has persevered with this treatment ever since, and has improved steadily. It may be necessary, however, to operate when she grows older.

Prof. Eggleston:—(Extract from lecture on treatment of acute pulmonary hyperæmia.)

Aconitum nap.—For active hyperæmia, *Aconite* first and always. If the patient has uncontrollable restlessness and fear of death, give *Aconite;* if he has not these, give it. If the condition occurs idiopathically or symptomatically; if during pneumonia or phthisis, or heart-disease, or affections of the medulla oblongata, give *Aconite.* In short, if active pulmonary hyperæmia occurs, *Aconite* is the remedy. Why? Because hyperæmia, plus irritability represents its sphere of action, almost to the exclusion of everything else. Such is its characteristic expression, because its effect upon the vaso-motor centres is such that paresis, and consequently dilation of capillaries, occurs, and the relaxed vessels are over-filled.

Now, to complete the picture: Relaxation and distension of blood-vessels result in rupture of some, and stagnation in all, the blood-current is slowed or obstructed, and consequently bloody serum exudes into the tissues, causing œdema; reaching the bronchia it is ejected as the characteristic blood-stained expectoration. Symptomatically, patholcgically, and physiologically, *Aconite* covers the case. Then give it.

Prof. Biggar:—*Never* poultice a cancer; the moisture hastens its development.

Zizia aurea 3x, for epilepsy.

Tobacum 3x, in tetatmus.

Xauthoxylim 3x, in neuralgic dismenorrhoea.

Bisulphite of soda, ten grains in a little water three times a day, for blood poisoning.

Asafœtida 3x, one or two grain doses three times a day, in bone diseases. It has cured a psoas abscess.

Do not be in a hurry to remove ovaries and not unless you have tried medication homœopathically and thoroughly. If you open the abdomen and find them healthy by no means remove.

Prof. Ellis:—Tincture of eucalyptus, drop doses at 7, 8, and 9 p. m., for debilitating night sweats of tuberculosis.

Prof. Pomeroy:—The perineum is more frequently ruptured by the passage of the shoulders than by the head. Moral: Watch and guard the perineum during the passage of the shoulders.

By administering a dose of Macratin 3x, three times per day for one month prior to confinement, labor will be rendered easier and convalescence will be more satisfactory.

THE Minneapolis Homœopathic Hospital is in a very flourishing condition. Patients only limited by the number of beds, and many are turned away daily. The training school which has been in existence two years has a large and earnest class.

NEW YORK.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Allen says:—It is interesting to notice that the salts of sodium produce conditions similar to the sensitiveness of H_3N salts, and a general prostration similar to the paralytic condition found in the Kalis; but neither the salts of Na, or of K, have a tendency to hemorrhage found under the H_3N salts.

In the early stages of "cold," when with fluent, acrid coryza, the patient complains of "cold feeling" between the shoulder-blades, Ammorium muriaticism is the remedy.

The action of Kali carbonicum on the bladder and uterus is much like that of Cansticum. There is a loss of muscular power. It destroys the power of the uterus to contract, or makes the contraction very feeble. It is very good in inertia of the muscle of the uterus.

The woman makes no effort to expel the child. Don't give Ergot or use the forceps. Often a single dose of Cansticum or Kali carbonicum 6x6th will lash up the uterus, and good pains will come on.

There is no necessity for carrying Ergot to the lying-in room; rely on the homœopathic use of Cansticum and Kali carbonicum.

In recurring intermittent fevers where chill comes on about 10 a. m., with persistent frontal headache and thirst, dry mouth and skin, followed by fever with this peculiar headache. This continues for a while, and then there is a moderate perspiration, but out of proportion to the chill and fever. During the time between the two there is a dull frontal headache, perhaps pains about the heart, and dry stools.

Natrium Muriaticum will cure about forty per cent of these cases. It is sometimes indicated in acute attacks, but more often in old cases that have taken Quinine for a long time.

Another forty per cent of malarial fever cases will call for Arsenicum, with these indications: Fever out of all proportion to the other stages, and sometimes chill and fever are both absent, sometimes present, but short compared with long fever. There is profound exhaustion, extreme restlessness, great thirst for small quantities of water on account of the condition of the stomach, which may cause retching and vomiting; extreme irritability of the stomach.

Dr. Danforth says:—In making the preliminary examination in labor-cases with pains present, if you find the presenting part very high, suspect some other part than the head.

In examining multiparæ with relaxed perineum, the child resting on the brim, there is some trouble in making out the cervix, may be trouble to find the external os, make the patient raise the pelvis from bed, and slip your arm under her sacrum; this will raise the pelvis and overcome the concavity of the column, and throwing the deeper portion of the pelvis up towards your finger, so that you can make out the soft dilatable os.

CHICAGO.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Mitchell:—A good substitute for the flax seed poultice in the treatment of pneumonia is cotton wadding painted down with collodion. The wadding should be cut the proper size and shape, and then fastened to the chest at the edges with collodion. It should then be coated over with the collodion, making a closed air space beneath. Several layers of the dressing may be used to obtain the desired amount of heat and diaphoresis. The danger from improper manipulation of the poultice on the part of the nurse and its uncleanliness can be avoided and the same result obtained.

In pneumonia with heart failure Veratrum album is frequently indicated. Its action is lasting and stimulates the heart's action as no other remedy will.

According to the latest reports the irrigation of the pleural cavity in empyema is not often justifiable. The pleura does not seem to bear water well.

Prof. Hood:—Aconite or Conium 30x in vaso-motor paresis are frequently indicated and very useful. They will cure chronic cases that occur after middle life when the lower potencies have no effect.

Prof. Kippax:—A temperature of 106° is not necessarily fatal. Cases of intermittent fever or variola frequently have that temperature and even higher and yet recover; 105° is usually a danger-point, but 107° is not necessarily fatal.

The prevalent custom of taking iced drinks during hot summer months, especially the beer-drinking custom, is responsible in a large measure for the increased prevalence of Bright's disease.

The use of raw wheat bran in chronic gastritis and dyspepsia often proves very beneficial as an article of diet. It should be taken dry, a pinch at a time, with the food.

Prof. Knoll:—Excision of the chancre and enlarged glands before the tenth day after inoculation will abort syphilis. In a number of cases in which I have followed this treatment and given no remedy, I have in no instance had any secondary symptoms or manifestations of the disease.

Prof. A. G. Beebe:—Ferrum lactate as a tonic in anæmic conditions surpasses any other preparation of iron.

CHICAGO.

HAHNEMANN MEDICAL COLLEGE.

Prof. Bailey:—Thread worms in the rectum are often the cause of pruritus vulvæ. The introduction of a suppository of lard will cure in nearly every case.

To control hemorrhage in menorrhagia use injections of water at 115°, six quarts at a time, three times in twenty-four hours.

Mercurius sol. is the best remedy for syphilitic eruptions. Use the same potency for external application as is used internally.

A very large percentage of uterine malignant growth are local and not constitutional, hence the importance of an early diagnosis, which may be made with the aid of the microscope, and prompt removal before the adjacent and more remote tissue become involved.

Prof. Chislett says:—A 1 to 2,000 solution of bichloride of mercury will kill pus microbes in two and on half minutes, while peroxide of hydrogen destroys them upon contact.

Prof. C. G. Fellows says:—Many cases of so-called epilepsy and Meuiere's disease have been cured by the removal of impacted cerumen.

Prof. Ludlam:—For malarial fever of the imported variety, especially in women, Gelseinium is almost a specific.

Prof. Leavitt:—Arsenicum iod. is a very efficacious remedy for œdema and albuminuria in pregnant women.

For symptoms premonitory to eclampsia make it a rule during the last two or three months of pregnancy to have a sample of the patient's urine given to you every week to test for albumen and urea. This test should be made oftener if headache is complained of. I do not carry Ergot in my obstetrical bag, nd but very rarely use it.

I use Arsenicum more often than any other remedy to control the annoying nausea and vomiting of pregnancy.

Prof. Gilman:—To stimulate a greater secretion of milk, a current of electricity passed through the mammary glands will be found very effectual.

Prof. Cobb:—Baryta carb. is a valuable remedy for enlarged tonsils. It is preferable to Calcarea carb. when the particular constitutional symptoms of the latter remedy are not present.

MINNEAPOLIS.

UNIVERSITY OF MINNESOTA.

Prof. Mann says:—In acute tonsillitis, the tincture of Guiacum, 1 teaspoonful in half a glass of water, used as a gargle, is beneficial.

In removal of the tonsils, the cold wire snare is a "delusion and a ——."

In chronic laryngitis, for a very effective spray, use—

℞. Benzoinal.....ʒ ii;
Eucalyptol.....
Menthol, āā.....gr. j. Mix.

For local use in acute laryngitis, a teaspoonful of the compound tincture of Benzoin in one pint of water, has been found useful.

Prof. Beaumont says:—A good ointment in blepharitis ciliaris chronicum is the yellow oxide of mercury (15 grs. to 1 oz.) applied to the edge of the lids each night on retiring.

Prof. Brazee says:—Pure New Orleans molasses has a favorable clinical record in the cure of aphthæ.

Prof. H. C. Leonard says:—Nux vomica and Ipecac will cure ninety-nine per cent of your cases of "morning sickness."

Prof. Ogden says:—In simple vulvitis an excellent dry treatment is equal parts of calomel and sub-nitrate of bismuth.

A good lotion in pruritis vulvæ:

℞. Carbolic acid.....
Menthol, āā.....grs. v—x.
Lanoline.....ʒ j. Mix.

Prof. Matchan says:—In specific exostosis, appreciable doses of Iodide of potassium will cure the condition.

In specific diseases remedies in the "two hundredth" are not of as much use as river-water, for with the latter the patient may be kept clean.

The Broome County Homœopathic Medical Society was entertained, at its November meeting, at the Glenmary Home, Owego, N. Y.

The second meeting of the Homœopathic physicians of La Salle and adjoining counties will be held at the Plumb House, Streator, Ill., Tuesday, January 12, 1892, at 1:30 o'clock. C. A. Weirick, M. D., *Sec'y.*

CORRESPONDENCE.

The Keeley Fraud.

On the sixth of November there died in New York city a remarkable character, a one-time minister, soldier and editor, finally a drunkard, Col. John F. Mines, LL.D., known to hundreds as "Felix Oldboy." Through his alleged cure of drunkenness, Dr. Keeley, of Dwight, Ill., has received no end of free advertising and benefit, as Mines was a very versatile and expressive writer and his newspaper and magazine articles were widely read, his last appearing in the *North American Review* for October, where, after giving the method of cure, he says:—

"When I saw that it had ceased to make me its slave and victim, I could have cried for joy. I knew from that moment that the bichloride of gold had gotten the upper hand, broken the fetters of disease, and made me whole. Then suddenly, as if I had stepped out of the blackness of an African jungle into the quiet sunshine of Central Park, I woke from my living tomb, and knew that I was cured. I do not believe, I *know* I am cured, and am satisfied as to its permanency."

Yet, in less than one month from writing that article, he was arrested for being drunk, sent to Blackwell's Island, where he was taken with an alcoholic fit, several of which finally caused his death.

I was especially interested in the above alleged cure, being personally acquainted with Col. Mines and his case, as I was on the staff during his confinement for eighteen months in what he called in his magazine article a "Fashionable Home that fronts the waters of New York harbor," which is none other than the Homœopathic Hospital at Ward's Island, a free city hospital, and suggestive of anything but a fashionable home.

I was also interested in the cure, for some three years ago I had a friend who was being treated by this Dr. Keeley, taking some dozen bottles or so of his bichloride of delusion at five dollars a bottle, samples of which I repeatedly examined at that time without finding the slightest trace of gold. The treatment was finally abandoned as unsuccessful, and the patient relieved by his own will a year later.

About the time that the Keeley cure was started, I clipped the following from a medical journal:

The Russian physician and publicist Portugaloff declares that strychnine in subcutaneous injections is an immediate and infallible remedy for drunkenness. The craving of the inebriate for drink is changed into positive aversion in a day, and after a treatment of eight or ten days the patient may be discharged. Even should the appetite return months afterward, the first attempt to resume drinking will produce such painful and nauseating sensations that the person will turn away from the liquor in disgust. The strychnine is administered by dissolving one grain in two hundred drops of water, and injecting five drops of the solution every twenty-four hours Dr. Portugaloff recommends the establishment of inebriate dispensaries in connection with police stations.

This, I think, or a modification of this method, as set forth in THE MEDICAL ERA of November, 1891, is the whole of Dr. Keeley's "Cure." He endeavors to attribute the cure to the bichloride of gold, and claiming that the injection is merely the supporting medicine, while in reality the hypodermic injection of strychnine is performing the so-called "cure" and the bichloride mixture, which is very probably a combination of cinchona, atropine and strychnine, with aromatics, as the ERA has stated, is assisting in the cure for which the patient pays some two or three hundred dollars.

F. ELMER CONSTANS, M. D.

Brockton, Mass., December 20, 1891.

A NEW homœopathic medical society has been organized in Minneapolis. The object of the new society is the discussion of medical subjects, and all homœopathic physicians are eligible to membership. Semi-monthly meetings are to be held. The following officers were elected: Dr. Geo. F. Roberts, president; Dr. Adele S. Hutchinson, vice-president; Dr. H. S. Aldrich, secretary and treasurer; Dr. D. W. Horning, Dr. Asa. S. Wilcox and Dr. H. W. Brazie, censors. A constitution and by-laws were adopted. Out of the forty-five homœopathic physicians of Minneapolis, sixteen were present at the first meeting.

What a French doctor can't do with static electricity is unknown. It is the agent above all others that will impress the imagination with its luridity, its spits, fizzes, snaps, sizzles and forked lightnings. Galvanic electricity is decidedly more useful in real disorders, but there is little of the theatrical about it, and hence hysterical and hypochondriacal neurasthenia is best treated with the more flashy affair. Static electricity stands next to Christian Science as a useful fake at times. Great is neurasthenia, for only the Lord knows what it is and what it isn't.—*Dr. Clevenger.*

OBITUARY.

WILLIAM CALVIN BARKER, M. D.

Born at Ballston Springs, N. Y., Sept. 26, 1812; was married Sept. 8, 1836; died at his home in Waukegan, Ill., Sept. 11, 1891. Thus was he born, married and died in the month of September.

In May, 1846, he located at Waukegan, Ill., and became the first homœopathic practitioner in the state outside the city of Chicago. He was a charter member of the Illinois State Medical Society, and early in its history was its president for the term of one year. In 1867 he became a member of the American Institute of Homœopathy. He was also a member of the Western Academy of Homœopathy. Dr. Barker was bold and fearless in expressing his opinion upon all subjects which he thought to be right. As his middle name would indicate, he was an humble, devout, conscientious Christian, and in all of his professional work the spirit of the Lord was exemplified. The homœopathic medical profession owe much to his early efforts, and will greatly miss his genial influence in their assemblies.

His counsel was a solace to the early practitioners of the school, and many who rank high in the profession of to-day owe largely their preferment to his wisdom and advice.

Dr. Barker was an honest man, full of love, charity and forgiveness. His first duty to God, his second duty to his fellow man. The practitioner of the present day can scarcely appreciate the embarrassments which surrounded his early struggle in behalf of the school that has now become so prominent. His name and his work will ever be remembered, and will be worthy incentives to the energies of his professional followers. G. A. H.

PHYSICIANS wishing a truss that can be made perfectly adjustable in every respect should send for description of the new Axion Elastic truss, manufactured by the G. V. House Manufacturing Company, 744 Broadway, New York City. Physicians who are obliged to order their trusses by mail will be sure of getting an instrument which will fit, as the band can be lengthened and shortened —the pad can be made larger or smaller and altered in shape to suit the case. These adjustments are made in a very simple manner. There are no metal springs to torture the patient, the pressure is evenly distributed and can be regulated at will by the patient or physician.

BOOK NOTICES.

A MANUAL OF HYPODERMATIC MEDICATION. —By Roberts Bartholow, A. M., M. D., LL. D. Fifth Edition, pp. 529. J. B. Lippincott Co.

The main subject treated of in this book is subcutaneous injection. Something is said regarding the injection of various medicines into neoplasms, hemorrhoids, abscess-cavities, cysts, the tunica vaginalis, bursae, joints, pleural cavities,—also of intra-pulmonary injections and of intra-venous and intra-peritoneal transfusion. The historical chapter is of interest, and what is said upon technique is of value. We think that very many of the particular practices (perhaps most of them) recommended in this book, with drugs for the sake of their constitutional effects, are harmful, and that some of them are very dangerous. The attempt to antagonize one pathogenetic drug with another pathogenetic drug is, in our opinion, usually unpromising; and in various instances where such antagonizing is here recommended, we believe it is more apt to do harm than good.

It is with some surprise that we find "Brown-Sequard's Solution" treated of as a useful agent. Details as to its preparation are given, and Bartholow says:

"The effect of this material on the organ-"ism of man is that of a vital stimulant. In "a few minutes after it is injected, the forces "seem to take on new life, and soon the appe-"tite and the assimilation are improved, an "increase of weight takes place, and the mus-"cular strength, the disposition to exertion, "the sexual capacity, and all of the powers "of body and mind take on new activity. "* * * It is in the decay incident to old age, "or premature old age, that very considerable "good is derived from it. Also in wasting "diseases of various kinds the stimulating ef-"fects of the fluid may prove effective. Indeed, "the maladies in which it may be expected "to do good are situated in those organs "upon which its action appears to be ex-"pended."

On p. 405 the author says of strychnine that in medicinal doses it "stimulates the intra-cardiac ganglia, thus increasing the heart's rate of movement." The latest views of physiologists seem to deny these ganglia the function thus attributed to them. On p. 513 he twice speaks of "an atom of water;" *a molecule of water* we suppose would have been correct.

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Books, Exchanges, MSS., and communications intended for the Editorial Department, should be sent to

CH. GATCHELL, M. D., *Ann Arbor, Mich.*

PERSONALS.

DR. R. S. COPELAND, of Bay City, Mich., was married Dec. 31, '91 to Miss Mary D. Ryan, of Adrian, Mich.

DR. HORACE PACKARD has removed to No. 362 Commonwealth Avenue, near West Chester Park, Boston. His office hours are from 2 to 4 P. M. Connected by telephone.

DR. CHARLAS M. THOMAS, of Philadelphia, announces that he will hereafter relinquish the practice of general surgery, and will devote his entire attention to the diseases of the eye and ear.

DR. J. M. PATTERSON, formerly of Augusta, Ky., has removed to Paxton, Ill. The Dr. was a graduate of Pulte College in the class of "'87" with high honors, and will be a valuable addition to the Illinois force.

DR. A. W. WOODWARD, of 130 Ashland Ave., in a recent letter to the editor of the ERA, says: "I wish you would call the attention of the readers of the ERA to Tartar emetic as a remedy that seems to be peculiarly adapted to the various diseases prevailing at the present time. This remedy, according to my observation, has a wide range of usefulness in disorders which exhibit more or less clearly the features of the new epidemic. The use of the remedy in the medium and high attenuations, 12 to 30 cent., will be more satisfactory than the 3rd or lower."

Happy and content is a home with "The Rochester;" a lamp with the light of the morning. *For Catalogue, write Rochester Lamp Co., New York.*

Illinois Homœopathic Medical Association.

The Secretary of the Illinois Homœopathic Medical Association would be glad to hear from every homœopathic physician in the state who has not yet given an answer to the circular letters sent out in November.

The prospects for a large meeting were never so flattering as now. More new applications are now on file than have been received any year before. There are yet many who should become members at once, and be placed on committees where they may do good work.

It is the duty of every homœopathic physician in the state to be a member of this Association, and lend his aid to the advancement of our school in general, as well as to secure our due representation in the state institutions. If we can muster a large force at our state society, we may bring about the proper effort to secure our long hoped for insane asylum.

There is no reason why every doctor in the state should not be an active member of the institution. Applications can be sent to the Secretary or to the Treasurer, Dr. A. A. Whipple, Quincy, Ill.

W. A. DUNN, M. D., SEC'Y,
Central Music Hall, Chicago.

IT is with great pleasure that THE MEDICAL ERA extends a word of greeting and of welcome to Dr. Wm. W. Van Baun, who, with the January issue of our esteemed contemporary the *Hahnemannian Monthly*, becomes editor-in-chief. Dr. Van Baun has for some months been acting-editor, and has thus demonstrated his peculiar fitness for the important position that he has now assumed. We trust, however, that Bartlett and Van Lennep, who occupy the rear seats, have not been relegated to a desuetude of any style or variety.

For Sale.—A few well-made Black walnut Cases for the Drs. Hoffman and Palmer Electric Baths, have been left on my hands and will be sold at a reduced price. Address J. J. Schellkopf (cabinet maker), Fremont, Ohio.

FREE SITES FOR SANITARIUMS.

In Nature's Great Sanitarium, Northeastern New Mexico, given to responsible parties under reasonable conditions.

COMMERCIAL CLUB,
East Las Vegas, N. M.

THEY SAY

THAT ventilation is a lost art.

THAT a lazy man steals from himself.

THAT life is a great bundle of little things.

THAT none but the brave attend the church fair.

THAT air swells bladders as opinion swells men.

THAT the knave in politics hopes one day to be a jack in office.

THAT married people live longer than the single—two to one.

THAT men degenerate under too much refinement of civilization.

THAT if you want to get a dream out of a wedding cake, eat it.

THAT equity follows the law, but often she gets left in the race.

THAT the life of a homœopathic pharmacist is one continual grind.

THAT sober second thoughts are generally preceded by a headache.

THAT the appendix vermiformis is of no use, except to kill people.

THAT it is astonishing how debts will expand after being contracted.

THAT if the fool will but persevere in his folly we will become wise.

THAT unless responsibility weighs something it is not responsibility.

THAT babies should be packed off to Babylon, to Lapland, or to Brest.

THAT the redevelopment of lost limbs is not unusual among insects.

THAT anyone can borrow a book, but it takes a gentleman to return it.

THAT the tramp is not only equal to hard work, but superior to it.

THAT the most sensational thing in the world is the unvarnished truth.

THAT a man's friends get him into more real trouble than his enemies.

THAT a kiss is contraction of the mouth with enlargement of the heart.

THAT if you will always tell the truth, you need never fix up an excuse.

THAT the man who robs Peter to pay Paul will afterwards go and bilk Paul.

THAT there are too many reformers who never want to do any work at home.

THAT the cocaine habit has become one of the three scourges of mankind.

THAT the man who falls off a roof may correctly be called an eavesdropper.

THAT it's a habit some people have to weep for joy when the joy is not their own.

THAT the man who wants the earth often has to be satisfied with a little of the dust.

THAT there are almost as many paupers in London as in the whole United States.

THAT for a jackass endowed with the power of speech, Balaam's left a very brief record.

THAT the reputation of a lifetime can be thrown away in a moment, unless it's a bad reputation.

THAT it is a mistake to imagine that your wrongs begin immediately after your wedding rites.

THAT one of the first things a man does after patting you on the back is to turn his own back to be patted.

THAT a tombstone is about the only place where a conceited man doesn't really care to have his name in print.

THAT if there is a bigger bore in this world than the man who is always telling stories, it is the man who will not listen when we have a story to tell.

THAT every now and then some idiot rises and asks, "Is life worth living?" and it never seems to occur to him that he ought to die and find out by comparison.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. X. CHICAGO, FEBRUARY, 1892. No. 2.

CH. GATCHELL, M.D., EDITOR.

THE SHURLEY-GIBBES METHOD.

From many correspondents the ERA has received requests for further particulars regarding the Shurley-Gibbes method of treatment of phthisis, and for information regarding the drugs used. In the January ERA full particulars regarding the method were given. There is little to add to what we said there. It only remains to put the profession in possession of the C. P. iodine and chloride of gold used. It would be possible for us to describe the process of preparing these, so that each one could make his own supply, but it is unnecessary, for they can be obtained at less expense, and at a great saving of time and trouble. Those who wish to obtain them should write to any pharmacist, or to the dealers named on page 62 of this number of the ERA.

The method of preparing the drugs is no secret, nor has any one a monopoly of the process. It is free to all. Moreover, there may be just as many sources of supply as there are for any other medicinal substance. Any pharmacist who will apply to the manufacturers can receive the goods in quantity, to be retailed to the profession as in the case of any other drugs or chemicals.

All those who have written to the ERA should send to the dealers named for their supplies and for prices.

As it is probable that the iodine is the most active medicinal agent in bringing about a cure, we would recommend a systematic use of this drug, together with the usual hygienic measures.

THE VACCINE-VIRUS OF COMMERCE.

The practice of vaccination has received credit for many things that do not belong to it. Many physicians who are inclined to be anti-vaccinists, because, forsooth, the results obtained are sometimes disappointing, hold the system of vaccination responsible for all their mishaps.

Researches that have been made by DR. PAUL PAQUIN, editor of the *Journal of Bacteriology*, reveal the cause of many of the accidents attending vaccination. He finds that there is very little commercial vaccine in the market that is what it purports to be—a pure acticle of vaccine-virus. All of them are more or less contaminated by the presence of pathogenic bacteria. An examination of one hundred and ten specimens enabled him to isolate by culture eight different forms of bacteria, which produced, by inoculation on the lower animals, symptoms of disease. Among the bacteria discovered, there were the staphylococcus pyogenes, staphylococcus pyogenes aureus, staphylococcus pygenes citreus, bacillus pyogenes fœtidus, and the bacillus septicus.

The animals operated upon were inoculated with one to three drops of a liquid culture in several drops of distilled sterilized water. In forty rabbits operated upon there were twenty-eight local lesions, of which five were nodules, thirteen were abscesses, which healed, and ten were abscesses or infectious wounds followed by general infection and death. Nine cases died from septicæmia without local lesions. A man vaccinated with a commercial article that was supposed to be safe, had septicæmia of very severe type.

Many other experimeuts were performed, all of which indicate that a great deal of the vaccine generally supplied in the market is impure. As a result, DR. PAQUIN arrives at the following conclusions:

"(*a*) Most of the commercial vaccines are more or less impure, bacteriologically speaking. (*b*) Much of it is dangerously contaminated with pathogenic germs. (*c*) Crusts, scabs, and cones are very impure and wholly unfit for vaccination of human beings. (*d*) That the extensive inflammatory symptoms, such as diffused reddish or violet swellings, painful or painless œdema; angry or sanious ulcers; lesions with tough, purple, adhering scabs, surrounded by painful enlargement; swellings extending several inches, or even a foot or more away from the point of inoculation, and involving the lymphatics at considerable distance; little abscesses here and there, remote from the spot vaccinated, are so many lesions or symptoms of complication of vaccinia. (*e*) That such complications are secondary,—the vaccinia cocci preparing the field for the septic forms to grow. (*f*) That frequently the foreign germs destroy the vaccinia growth in the inoculated spot before the latter has produced its effects, and the patient is left unprotected, and may be vaccinated again successfully or take smallpox. (*g*) That the foreign germs found associated with vaccinia cocci are not necessary to produce the true, simple vaccinia pustule. (*h*) That many doctors mistake marked complications for good vaccinia pustule. (*i*) That it is possible to produce absolutely safe vaccine by antiseptic and aseptic methods, though extremely difficult to produce vaccine absolutely free from certain air germs [non-pathogenic]. (*j*) That vaccine from a *second* dipping in the *same* pustula a day or two after the first one, as is done in many commercial institutions, is a bad and dangerous practice, as such vaccine is almost always very impure."

The most important statement contained in the above conclusions is that "*it is possible to produce absolutely safe vaccine by antiseptic and aseptic methods.*"

Hence, the condition is not without its remedy. The remedy should be vigorousy and rigorously applied. The manufacturer who fails to take the necessary precautions to produce a pure article should become known o the profession, and his goods avoided.

The system of vaccination—which has done an incalculable amount of good for the human race—should not be made to suffer from avoidable causes and accidents due to want of care in the preparation of the material.

"*LA GRIPPE*" *AGAIN.*

The epidemic influenza, for the third time in as many years, has again overspread the civilized world. Having had so much recent experience in its treatment, the profession needs little instruction on this subject. They are acquainted with its various manifestations, and with the most effectual remedies.

The disease is of importance not so much, perhaps, on account of its immediate effects, as for the sequelæ that may follow. It seems to leave the system vulnerable to disease of various kinds, and for a year or two to come physicians will be called upon to treat many and various diseased conditions which will date from an attack of influenza in the present epidemic. Pleurisy, pneumonia, bronchitis, and phthisis, are the diseases that, for the most part, may follow. Like the measles, in many cases it seems especially to create a vulnerability of the system to the invasion of the bacillus tuberculosis—a condition about which we talk so much and know so little. It is to guard against this, as much as to treat the primary disease, that measures should be directed.

It will aid us but little to learn that KOCH'S son-in-law, DR. PFEIFFER, claims to have discovered the specific bacillus of influenza. If he has done so, we will welcome the news as a scientific fact, but it is of little practical importance. There is no better method of treatment of the disease than homœopathy affords.

INHUMATION AND INCINERATION.

This much discussed subject, like Banquo's ghost, will not down, because, for many reasons, incineration is much to be preferred to inhumation. Hygienic laws approve it. The only advantages of burial are: Recognition in case of doubtful identity; examination of bodies in cases of suspected poisoning.

The first many times is a matter of uncertainty. Bodies have time and again been

claimed by friends and relatives, and the original has turned up at the eleventh hour to disarrange everything.

The second is many times prevented, and a correct opinion not capable of being given, because the corpse has immediately passed into the hands of the undertaker and been subjected to some one of the varied assortment of embalming fluids.

Cremation has much to commend it. There is no danger of living people being interred. Valuable lands are not converted into so-called "resting places" for the dead. "So-called," we say, for these graves have no human tenants. No man, woman or child, since the creation, was ever really interred. The dust and ashes which they temporarily inhabited have been consigned to the tomb, but the soul has left it forever.

"How shall we bury you?" said CRITO to SOCRATES before he drank the poison.

"Just as you please," replied the philosopher, "if you can ever catch me."

Scientific and thoughtful men look upon death as a birth; the departure an arrival; the burial a resurrection.

SIR EDWIN ARNOLD, in his beautiful poem, "After Death in Arabia," most exquisitely expresses this idea:

"What ye lift upon the bier
Is not worth a wistful tear;
'Tis an empty seashell, one
Out of which the pearl is gone;
The shell is broken, it lies there;
The pearl, the all, the soul is here."

C.

THE WILDER ASSASSINATION.

Another Chicago physician has met the fate of DR. CRONIN.

Called as if to an errand of mercy, the doctor responded. At the door he was met by a man who shot him down.

DR. F. M. WILDER, of 2515 Wabash avenue, received a call by telephone on the afternoon of January thirteenth to attend upon a sick person at 2719 South Park avenue. As the doctor stood at the door of the house it was opened by the man who had sent the specious summons, who, without warning, in quick succession, fired four bullets into him, two of which took effect, and the first one of which was sufficient to cause instant death.

The assassin, making use of the doctor's own horse and sleigh, drove rapidly to the nearest police station and gave himself up. There he coolly told his story, expressed no regret, but said that he would willingly do the deed over again. He gave as a reason for taking the doctor's life that the latter had ruined his wife.

There is little room to moralize over this shocking affair. The act was undoubtedly that of a madman. JOHN REDMOND, the assassin, whose mind was deranged three years ago in consequence of the abduction of his child, was sent to an asylum, where he was detained for several months. He suffered from various hallucinations, and the one which created the feeling of animosity against the doctor was, doubtless, as groundless as the others. His act of January thirteenth was the culmination of his insanity.

Unlike the CRONIN case, in this instance the doctor was not murdered by hired assassins, but he was, as in the former case, lured to his death by being summoned to what he had a right to believe was a call to attend the sick. It is a chance to which every physician is exposed, by the very nature of his profession. When a summons comes, none ever hesitates or stops to question. The response is quick and ready. Once in a million times, if the doctor has a desperate enemy, or if he chances to be the object of an insane delusion on the part of a madman, the tragedy of the CRONIN or the WILDER cases may be repeated. The nature of the physician's calling renders it an easy matter to lure him to his death. This, at rare intervals, may be taken advantage of by two classes—cowards and madmen.

But it would be a wholesome thing to keep the madmen confined in asylums. Whatever responsibility rests upon anyone for this assassination belongs to those who permitted a patient with a homicidal mania to leave the asylum in which he was once confined.

THE DOCTOR TALKS.

"Bless my soul!" exclaimed the Doctor. "Who would have thought of finding you here?"

Where the Doctor found me is of no consequence—to others—nor has it anything to do with the rest of my story. Therefore I shall not enter into needless particulars. But what I am after at the present moment is to tell the conversation that passed between us at the time. I call it a "conversation" out of courtesy; it was the most one-sided conversation a man ever engaged in. The Doctor did all the talking and I did all the listening. But it's my turn now, and I'll tell you every word he said. He opened the subject in this way:

"Do you read the journals?" he asked. And then, without waiting for me to reply, he continued: "Last month, when I looked through my pile, I read with pleasure the New Year's greetings with which many of them saluted their readers. The compliments of the season were showered without stint, and cast like flowers before a conqueror or like pearls before swine. For the most part the opening of the year was regarded by these wielders of the pen as a season of good cheer and of good fellowship.

"One of the journals to which I refer—which has always been conspicuous for saying the right thing at the right time in the right way—opened its editorial pages with these wholesome words:

"An old song to a new tune: A new year, a new volume, and yet much the same old words to say; words of gratitude for the friendliness and support which have been our good fortune in the year just ended."

"After reading this kind and graceful greeting I opened the pages of another journal further to refresh my soul with words of cheer. Did I find them? Not by a long shot. This is what I read:

"At the time this journal was started there was no one that could be depended upon to teach the pure doctrine. The principal object of the others was to extend their circulation and to catch advertisements. They sought only to cater to what may be called the public opinion of the profession. They were servile followers. . . . . They did not dare to be leaders of it lest it would impair their circulation. Most of them are still of this character."

"Mark the contrast! From the one comes song and sunshine. From the other, a snarl and a slur.

"Why is it that these peculiar people, the Hahnemanniacs, always keep a chip on their shoulder? Why could not this editor, for one brief day, throw off the gloom and melancholy that broods upon his soul and envelop himself in an affectation of cheerfulness? Why must he choose this season to let off his Pharisaical whinings?

"To the observing student these people afford an interesting study in psychology. Their mental make-up is peculiar. They have the early symptoms of general paresis—the illusion that they are the Great-and-Only, and besides them there is none. Their self-conceit is monumental, their holier-than-thou air is appalling, their affectation of superiority is awe-inspiring, and their sense of personal purity is pleasing to contemplate. To them anything low—even a low dilution—is a very shocking affair.

"Now, what I want to know is, why it was necessary for this editor to go out of his way to cast slurs right and left, reviling everybody who does not share his worthless opinions, while holding himself up as an example of virtue most immaculate? I tell you, it takes lots of cheek, and lip, and jaw, and zygomatic arch and the rest of the facial anatomy to make such sweeping claims to virtue while treating others with scorn.

"After unloading his spleen in this manner, the editor enumerates a great lot of dire disasters that may happen before he will swerve from his purpose, or knuckle down. Others may be time-servers if they like, but let come "reward or persecution," or anything else, he'll be goll-durned if *he* doesn't tell the truth!

"Noble resolution! Rare accomplishment! What an example of faith and fidelity for others to follow! But I notice that these amateur editors who shout their own virtues from the house-tops appear to be dreadfully nervous lest people should fail to take them at their word.

"These peculiar editors are scarcely worthy of notice, and their's is a perfectly harmless conceit. The only reason that I have mentioned it is in order to point out a striking contrast."

* * *

"Do you know who that is?" asked the Doctor.

On asking this question he called my attention to a gentleman who was rapidly driving past in a rig which gave unmistakable indications of being a doctor's outfit.

"Yes, said I, I think I ought to."

"Well, if you know him, you know the most peculiar M. D. in Chicago. Like Mark Lemon, he has his peculiarity. In fact, he has many. But the one I particularly refer

to is the manner in which he steps in between contending forces at medical conventions. Whenever he is present at a convention he listens quietly to the discussions, until everybody on both sides of the question has spoken. The question has been debated *pro* and *con*. Each side has contended that its position is the right one, and opinions diametrically opposed to each other have been stated again and again.

"Then it is that our champion steps in. He rises slowly, addresses the chair, and then attemps to pour oil on the troubled waters. His opening words are, generally, somewhat like this:

"'Extreme views have been expressed on both sides. Now, the fact is, both are wrong and both are right, and the truth lies half-way between.'

"This sounds very pretty. It has an air of plausibility. The groundlings applaud, and wonder why nobody else thought of that.

"From his text, our orator gravely expounds the matter. He very ingeniously tries to reconcile opposing statements, and to make everybody contented by patting each one on the back, and when he stops speaking and resumes his seat, a general feeling of comfort pervades the meeting, but the people know just about as much as they did before.

"Now, this is all very pretty, and would go well in a prize poem at a girl's school, but in a meeting of men discussing subjects scientific it is about as much a settlement of a question as it would be to settle the custody of a child between two rival claimants by cutting the child in two."

"'But how else would you settle a question, when the two sets of partisans show no signs of coming to an agreement?'"

"Leave it unsettled! Great Scott! The world is full of unsettled questions. If you think you are right, stick to your point, and wait. If you are right, you'll soon have the majority on your side. If you are wrong, it doesn't make you any nearer right to admit that the truth lies 'half-way between,' for more than half the time it does not—it lies away over on the other side of the barbed wire fence. If one party is right and the other party wrong, a compromise will settle nothing—it will only make both parties wrong.

"Hence, I say that this sort of a settlement stettles nothing, and hence it is that I do not admire the methods of our little man at medical conventions."

All of which is truthfully reported by

SELAH.

OPINIONS EXPRESSED.

Pain and insomnia, with the use and abuse of morphia for their relief, are the leading twin causes of the morphine disease.—*Dr. J. B. Mattison.*

While I am very thankful that surgery is advancing, and that, as homœopaths, we share in its progress, I still look forward to the increased knowledge of drugs reducing the number of cases to be handed over to the surgeon.—*Dr. Edward Madden.*

Taking the country over, of all classes of students those in medicine are, as a rule, the most reckless of their mode of life and the most careless of the laws of hygiene and of the decencies in general, of any class of students whatsoever.—*David Starr Jordan.*

It is but a few years since the true significance of appendicitis has been recognized. Multitudes of patients have died of "peritonitis" in the past, such peritonitis having been attributed to that popular pack-horse "a cold," to impacted feces, or some equally convenient subterfuge.—*Dr. Horace Packard.*

Today the allopathic school of medicine—the self-styled regular, rational, physiological, scientific school—is without "a constant course of procedure" which may be called a law of cure. This school still proceeds upon a confessedly "empirical" basis, governed and directed by no general principle of cure.—*Dr. W. W. Van Denburg.*

If an infant must be sent to school, temporarily, to relieve some overworked mother of its proper care, let it be to the kindergarten, the coming infant school, where the little one's unfolding brain is amused, but not overtasked, by a judicious course of instructive games and easily grasped object lessons, simple gymnastic exercises, and the singing of childish songs.—*Dr. E. A. Guilbert.*

Homoepathy is not empiricism. This may seem a self-evident platitude, but it ceases to be so when we consider the hot defense, on the grounds of clinical experience, of drugs that have never been adequately proven, or whose provings give no hint of the conditions for which they are employed; as, for instance, camphor in cholera. Homœopathy and empiricism, whatever be their comparative merits, are two, and to be separated now and forever.—*Dr. J. P. Sutherland.*

ORIGINAL ARTICLES.

ON ARRANGING HOMŒOPATHIC MATERIA MEDICA.

By M. W. VAN DENBURG, A. M., M. D.

PORT EDWARD, N. Y.

[Presented to the Homœopathic Medical Society of the State of New York, at its semi-annual meeting, Buffalo, September, 1891.]

THE proposed index to the Cyclopædia of Drug Pathogenesy, as set forth by Dr. Hughes, of London, and the conclusion of Dr. Hayward, of Liverpool, England (Trans. Am. Inst. of Homœopathy, 1889, p. 403), "That the schema must form part of any materia medica that aims at completeness, or at being that of the homœopathic practitioners," both emphasize the fact that some form of *index of symptoms* is a necessity.

To use the narrative form, as set forth in the day-book of provers, and in the Cyclopædia of Drug Pathogenesy, is a mechanical impossibility. This arises from the genius of the application of the homœopathic law of cure.

The problem presented to the homœopathic practitioner in every case of prescribing is this:—

In a given, known, and understood case of natural sickness, to match the symptoms of the patient, with the known and established pathogenesis (symptoms) of a drug; how to find that drug.

It will be seen that the chief difficulty is the *how* to find the drug.

It is not an easy problem to solve. *The ideal similimum (drug) should present in the rise, progress and decline of its effect upon the healthy human organism, a very closely similar picture, to the rise, progress and probable prognosis of the natural disease of the patient.*

For example; a case of chronic arsenical poisining, beginning with a person in usual good health, gradually undermines the appetite, impairs digestion, impoverishes the blood, and exhibits attendant prostration, loss of flesh and weakening of the mental powers. The peculiar restlessness, neuralgic pains, feverishness, thirst, accelerated pulse, and bronchitis, with the characteristic sputa, the peculiar aggravations and ameliorations follow or attend in due course; or, the manifestations are expended on the digestive system in the peculiar diarrhœa of arsenic; or upon the skin in the eczema, psoriasis, or ichthyosis of arsenic; or upon the tissue system, in the production of nodose articular rheumatism.

Rarely the effects are shown upon two, or even more, physiological systems at the same time; as chronic bronchitis associated with iritable stomach and bowels; or neuralgic and skin symptoms associated. All these cases tend toward death from exhaustion of the vital forces.

This is the disease-picture (pathogenetic) of a single drug.

Other drugs have each their individual "pictures," differing as widely in pathogenetic effects as natural diseases differ among themselves. Moreover, there are certain constant symptoms present, all through each case of drug-proving, and present in every case of natural disease, as attendant or concomitant symptoms, that serve to characterize in a marked degree the action of the drug, or the individuality of the given case of disease. These are the key-notes of the drug, as well as of the disease.

Arsenic has with all its manifestations, loss of strength, impaired digestion. impoverished blood, restless disposition, and usually aggravation from heat, and at night.

These symptoms never fail to appear in all cases where arsenic is a similimum.

But it is not safe to prescribe by key-note alone, as do many homœopathic practitioners. Their patients are usually benefited, but are seldom cured, at least cured as rapidly as the honorable and conscientious physician ought to desire. The patient is "zigzagged into health," instead of going by the direct line.

This is not the ideal prescription; in that; the arsenical patient has shown arsenical symptoms from the inception of the disease to the present. Not the same set of symptoms, but the same sequence of symptoms, as is shown in a genuine case of arsenical disease, and now the case presents a similar prognosis. In such a prescription the cure is no longer *tentative*, it is *certain*. It is based upon the natural law of cure.

Such a prescription assumes, not only that the association of symptoms in the patient is like the association of symptoms in the drug-proving, but that the *past history* of both patient and drug-disease shall have a similarity and the *prognosis* in both natural disease and drug-disease shall be similar. This has relation to three points: antecedence, concomitance and sequence of symptoms, *three points wholly neglected, entirely ignored by all schematic arrangements to the present time.*

It would seem that the aim and object of all homœpathic materia medica should be

the realization of such a consummation as has just been pointed out. It is a consummation devoutly to be wished for.

To make it possible to thus prescribe for every case of disease, the arranger of homœopathic materia medica is called upon to place the symptoms of every drug in such shape that they shall *readily*, *easily* and *surely* show these three relationships, with the least expenditure of time and effort.

This cannot be done in the narrative form, as already stated. Should every drug-proving be put in this form, and each day's events duly chronicled in their order of occurrence and association, we would have a continuous drug-picture in panoramic change.

The combined effects upon a number of provers would give a broader view of the drug-action, and as a matter of fact present many individual variations. Each one of these individual drug-cases may be taken as a type of the natural variations of individual cases of disease, and the certainty of cure will be proportioned to the similarity between the prover's drug-picture and the patient's disease-picture.

As a matter of course, if the natural disease on the one hand, or the drug-disease on the other has been imperfectly observed, the similitude suspected does not exist.

It will be farther seen that combining all individual-provers in one composite drug-picture, will greatly obscure, if not destroy, individuality; and *individualization is the core of homœopathic practice.*

Every drug-effect is made up of two parts; is the resultant of two sets, or series of forces; the one the drug-power, which is generally composite; the other the individual-constitution which is always composite.

Hahnemann enunciated this fact in section 118 of the Organon, in which it is noted that some drug-effects are seldom produced in provings, and seems to be the result in part "of peculiar constitutions." However, he contends that this does not militate against their use in all cases, for he says, "This want of susceptibility is only apparent, not real." (117.), (Ib.)

I am not inclined to accept this without protest; but it is foreign to the present purpose, and may pass for the time being as correct; neither is the conclusion of section 118, that "Each drug manifests particular effects, and no other drug will produce effects of exactly the same kind," vitiated by this view.

From the point now reached it must be apparent to everyone, the only way to prescribe for a case homœopathically is "by comparing the (lists of) symptoms, of all the remedies that have become known in regard to their purely pathogenetic effects" (104), with a correct picture of all of the symptoms manifested in a given case by the patient.

If we stop to consider a moment the almost limitless number of drugs now known to the profession, the above statement is enough to fairly take away one's breath.

The mechanical part of the labor involved in this undertaking is such that our patient will probably either die or get well before the complete comparison has been finished.

The Cyclopædia of Drug Pathogenesy, as just completed, contains several thousands of pages in narrative form. To use this according to the above instructions, is a mechanical impossibility. And yet there are not a few homœopathic physicians who are disposed to neglect this most excellent work, because it contains so little, or, as they put it, "has omitted so much," and the record is thus made "so imperfect."

The appalling task presented to the would-be homœopathic prescriber in the present day, was in a less degree presented to the founder of the system. His solution of the difficulty has been implicitly followed in almost every work on materia medica published up to the present hour. The only marked exception is Vol. I of Materia Medica, Physiological and Applied, containing six remedies, arranged by four different authors. It has never come into general use, and never received the recognition it richly deserves. All other works on materia medica to the present hour have as a basis only slight modifications, or none at all of the Hahnemannic schema.

This schema consists in making a separate index for each drug, of all the symptoms of all the provers. Added to these are not a few clinical symptoms, or such as have been cured one or more times by the use of the drug, but have never been observed in any pure proving.

The process of making a homœopathic prescription was then reduced essentially to comparing the patient's symptoms with each of these *composite* symptom lists. And that drug exhibiting the greatest number of similar symptoms, *considering quality as well as quantity* (153), when found, will be the drug homœopathic to the case, *and will produce a cure* (147), (Organon).

A moment's consideration will show, not only the possibility, but the very strong probability of constructing a drug-disease from this composite drug-index, the like to which never existed in any case of proving. Nay, more, it may be most unlike, and even an *impossible drug-disease for the given drug to produce.* It will associate symptoms never associated in any proving of the drug; it may leave out symptoms present in every case, and hence essential; it may even associate contradictory symptoms, since a part of them comes from one prover, and a part from another, and these two, as is frequently the case (see Arsenicum Album in Cyclopædia of Drug Pathogenesy), may present widely different effects, equally undoubted, and from the same drug. One has constipation, another diarrhœa; one great pain and distress, another none at all.

Hence, I say, the composite drug-picture thus constructed from the Hahnemannic schema *may represent an impossible drug-disease.*

When Hahnemann discovered the law of cure, it was because the nature and course of the drug-disease was very similar to the nature and course of the natural disease—malarial fever.

When symptoms are forcibly associated in a drug-picture that have never been associated in any proving of the drug; when symptoms are omitted that are always present, in association with those used, it is fair to raise the question, *is such a prescription homœopathic?*

When Hahnemann reduced his materia medica from the narrative form to the schematic, or index-form, he forcibly destroyed the following important relationships:

(*a*) Antecedence of symptoms, or past history;

(*b*) Concomitance of symptoms, or natural associations;

(*c*) Sequence of symptoms, or prognosis;

(*d*) Individuality of the prover;

(*e*) He likewise failed to show from what dose, or potency, the symptom was evoked; how long or how frequently the drug was taken; when symptoms began to appear, or when they ceased.

Toxic symptoms, even fatal toxic symptoms, are mixed without distinguishing mark, with high potency symptoms, in the same connection, often in succeeding lines, with only a semi-colon between. Symptoms appearing only at the beginning are in a like manner commingled with such as appeared only after days or weeks. Such a course can but work confusion.

Now to distinguish all these points, is not only useful, but necessary, *in estimating the value of the drug*, or for that matter, of a given symptom or set of symptoms, embraced in the pathogenesis. That I may not be thought alone in these opinions, permit me to quote. First, regarding *Concomitance*:

Hahnemann himself appeals to this feature in differatiating drugs.

When several drugs are found of about equal similarity to the given case of natural-disease, he differentiates them by more closely examining what other symptoms of the case are met by some one or more of these drugs, and not by the others. This process of reasoning by exclusion is carried on, if possible, until the number of drugs has been reduced to a single remedy. (See "Preamble" Vol. II. Materia Medica Pura, 3rd Ed. 1833), or (Vol. I. p. 22-24, London, 1880).

Carroll Dunham, whose authority will scarcely be called into question by any number of the profession, says:—

"The concomitants are those phenomena, whether we call them sympathetic or secondary, which always accompany any symptom or group of symptoms." (p. 49, Science of Therapeutics.)

"Conditions are, of time, place and circumstance, as Pulsatilla pains occur in the afternoon, are aggravated in a warm room, and by repose." (Ibid, p. 49.)

"These are always to be studied in connection with every symptom, or group of symptoms." (p. 50.)

"Characteristics, for the most part, derive their value from their association as concomitants, or conditions, with some symptoms or group of symptoms. Disconnected from these they are as devoid of significance as a man's nose would be, cut off his face." (p. 52).

"After the study of each organ a physiological estimate should be made of the significance of the symptoms. For this purpose a faithful study of the concomitants is of inestimable value." (p. 56.)

"Whenever the rubric comprises a region which contains a number of organs, endeavor to gain by the aid of the science of physiology and pathology a rational appreciation of the organs involved, and in this study pay especial regard to the concomitance, in order to gain full physiological significance of the symptoms." (p. 58.)

"What we most desire to learn of a drug, are its 'characteristics,' and 'its physiological

significance,' 'to be able to give a physiological estimate of its value.' ''

All these, Dunham declares, come from a study of concomitance.

Dunham is scarcely less emphatic in his estimate of the individuality of the prover. On this point he says:

"The phraseology of the prover has been changed in some (manuals), in' others the symptoms have been arbitrarily sundered into fragments and these fragments are scattered throughout the record." (p. 42.)

"Noak and Trinks (manual) is preferable for it presents the phraseology of the prover, and does not to any great extent sunder groups of symptoms." (p. 42.)

If now "groups of symptoms" are to be studied, we must know what comes before, and what follows "in order to gain the full significance of their physiological value." In other words, we must know antecedence and sequence, as well as concomitance; this is evident on the face of it. No less emphatic is Dr. Hayward of Liverpool, Eng. In a paper presented to the Am. Inst. of Hom., in 1889, he says:—"the splitting up of the narratives into small bits, to be put under different heads, as is done in the Hahnemannian schema, severs the symptoms from their natural connections and concomitants, makes them almost meaningless, and therefore of infinitely less value in practice, if not in many instances absolutely misleading." (Trans. 1889, p. 399 and 403.)

"Frequently the conditions and concomitants are of more value in the comparison than the symptoms themselves." (p. 403.)

In a paper presented at the same meeting, (1889) by the writer, "on the value of concomitance and sequence of symptoms," the following positions were taken:

First, the entire course of a drug-disease should be apprehended, in estimating the value of the drug as a similimum.

Second, the entire course of the natural-disease should be apprehended, and should in its past history, present state, and prognosis closely as possible resemble the drug-disease up to a similiar point of history.

Third, in making up a drug-picture symptoms should not be associated that were never associated in the proving.

Fourth, that when only associated symptoms are used in the construction of a drug-picture, if the case has been properly taken, and the drug-picture properly constructed according to these rules, the cure is no longer a tentative question, but follows absolutely as the result of a natural law. And finally, the more widely these rules are departed from, *and the more completely this relation of concomitance is disregarded*, in a like proportion is the element of doubt introduced into the question of cure.

At the annual meeting of the same association a year subsequent, it was the pleasure of the writer to receive, after a friendly interchange of views, the unqualified approval of these positions from two of the most active opponents at the time the paper was read.

I desire to add at this point a single quotation more from Dunham:

"Perhaps the most important of all considerations in which resides the individuality of the drug, are the conditions and concomitants of the symptoms." (p. 49.), (Ib).

By conditions, as already stated, he says he means "time, place and circumstance; as pulsatilla pains are worse in the afternoon, in a warm room, and from rest." By concomitants, "those phenomena, whether we call them sympathetic or secondary, which always accompany any symptoms or group of symptoms." (p. 49.), (Ib).

If, now, we comprehend all associated symptoms, all manifestations of time, place and circumstance, all sympathetic and secondary symptoms, under the broad term of concomitants, we shall have a word over which no one need stumble, nor by it be misled.

It so happens that this association of symptoms in any given case of drug-proving, has been as completely annihilated as the case would allow, by the Hahnemannic schema. No better plan to this end could be devised. Add to this the absolute ignoring of the identity of the prover, as was done by Hahnemann himself, and the ablation of concomitance is completed.

A most necessary condition to concomitance, if it be granted that concomitance is a needful element, or even a desirable one, in materia medica, *in the maintenance of the identity of the prover.* This point has been seen by many workers in materia medica, but has hitherto lacked a ready and practicable solution.

It must be possible to construct readily from the index, the complete pathogenesis of any given prover, or his identity is lost.

I say "construct readily." This is the key-note to all indices; to work *readily*, *rapidly*, *easily* and *surely*, to the desired end,

must be the guiding law in the construction of the materia medica of the future.

It will be seen on a moment's reflection, that to lose the identity of the prover in the index, is to cut the concomitance into only "a trifle longer bits." Either concomitance must be dropped from the index, and kept only in the narrative form, or the identity of each prover must be manifested at all times. But this is not enough for the index to show.

It needs only a superficial study of a few narratives in the proving of any drug, where widely varying doses have been administered, to see plainly that *some symptoms are characteristic of certain sized doses*, and are not likely to appear with doses varying greatly from this standard. The symptoms of the 3x or 6x Belladonna are not often closely similar to the symptoms of 1-6 or 1-4 grains of the solid extract, either when considered separately, or collectively; but more especially the latter.

Hence, *the dose or amount of the drug exhibited* is an important point to be shown in the index.

Again, repetition of dose, whether large or small, is also an important point in estimating the value of any given symptom or group of symptoms, from any drug; especially is this true in regard to the more powerful drugs as Bellad., Coloc., Colch., Veratrum, and a host of others. Hence, repetition of dose ought to be shown in connection with the pathogenesis of the drug.

(To be concluded.)

HYPERTROPHY OF THE MAMMÆ.

By LEMUEL C. GROSVENOR, M. D.

[Read before the Chicago Academy of Homœopathic Physicians and Surgeons.]

THIS disease is so rare that I am sure the Academy will thank me for making it the subject of my paper, especially as I have an interesting case to present. It is the only one I have ever seen, and even Billroth speaks of having seen but two.

Cases have been reported during the last sixty years by Houston, Billroth, Virchow and others, but many noted men in extensive practice have never met with them, so rare are they.

Case.—Mrs. S., aged 26, a light-complexioned, blue-eyed typical Swedish woman, in good circumstances, consulted me in July last about her breasts, which in a few weeks had grown enormously large. She was herself in good condition, eating and sleeping well and enjoying her daily outings. Her only inconvenience was the weight and size of her breasts. She was five months advanced in her third pregnancy, having before given birth, under my care, to two beautiful children. Her weight previous to this disease was about one hundred and thirty-five pounds.

The trouble commenced in June last, and during this time the breast had been nearly painless, save occasional "needle-pains," as she called them. The color of the mammæ was a dark purple, and they were more or less nodulated.

The woman's family history was good, she being one of eleven children, ten of whom are still living. Her previous confinements were normal and without noteworthy incident. She has been married five years, and has always been strong and well, and to-day says she is "not sick at all." Now, at the eighth month, as she nears confinement, she is a little nervous and apprehensive.

To-day the left breast measures, from the sternum over the nipple to the side of the chest, twenty-eight inches; in circumference it is thirty-two and one-half inches. It weighs, approximately, thirteen pounds. It is fourteen inches from side to side of the gland.

The right breast is twenty-four inches over the nipple, twenty-six inches in circumference, eleven in breadth, and weighs twelve pounds. The literature on this subject is rather meagre, as it naturally would be in cases met with so infrequently.

Potassium iodide, Calcarea iodide and Arsenicum iodide are remedies which suggest themselves.

Of course surgical interference would not be thought of at this stage of pregnancy, but may offer comfort later. So far as I can learn this disease is rarely fatal unless complicated with cancerous conditions. Two of the cases reported lived eighteen years and then died from other causes.

There are no open sores in this case, save two small abrasions caused by friction of the clothing.

Most of the cases reported have occurred immediately following the first menstruation, and this one is peculiar in occurring later and after repeated motherhood. All the cases developed rapidly and came to enormous size in a few weeks or months. Most are reported to contain hard nodulations or fibrous bands separated by proper glandular structure.

The nipples in this case are deeply countersunk and the areolæ are of the usual color.

Compression and painting with Iodine have given no good results. As a rule menstruation is rarely interrupted. Some cases have been marked by abcesses and fistulæ Complications with fibro-sarcoma are mentioned.

It seems to me that in the present advanced stage of surgery the breasts might be removed one at a time with safety, and so give relief from unsightly and burdensome tumors. Whether my patient will pass the ordeal of the approaching labor and recover sufficiently for such an expedient remains to be seen.

LATER—(Nov. 28, '91). This morning when within two or three weeks of her expected confinement, my patient was taken with a profound chill and I was called at one o'clock a. m. The chill was protracted and severe and the reaction proportionately intense. All the pain and discomfort attendant upon both chill and fever were referable to the breasts. Later in the day when I was called I found signs of approaching labor, precipitated undoubtedly by the chill of the night previous. The motion of the child, which had been active to the time of the chill, had not been felt since. The breasts were now very painful, and since the first writing have nearly doubled in

size. Through the courtesy of my son, Dr. Lorenzo N. Grosvenor, who photographed the case, I am able to present to the Academy an illustration of the enlarged breasts.

Labor went on normally and in due time she gave birth to a large and proper child, still-born, as from the chill we had a right to expect. The labor was without noteworthy accident, and seemed itself but an incident to her now very severe illness, which all centered about the breasts.

She grew rapidly worse and the next day I called my friend Dr. Tooker, your worthy president, in council. He gave us no encouragement, and after a short illness the patient died.

The oppression of such weight, as she lay upon her back, was very great, and the labored breathing produced congestion of the lungs. The labor and lying-in seemed to cut but small figure in the case. After the chill the breasts assumed a black, echymosed condition, with much breaking down and constant discharge.

185 LINCOLN AVENUE.

A CASE OF SCIATICA.

BY J. A. HEMSTEGER, M. D.
CHICAGO.

A FEW weeks ago I was called in to see a case of sciatica. The case had been under allopathic care for four months, and the last of the three M. D.'s proposed to burn with a red-hot iron along the course of the nerve. This was a little too much for the patient, especially as the attending physician intended to keep the wounds open for about two months, asserting this method to be the only cure for sciatica. The patient, male, 56 years old, used liquor quite freely, said: "I swallowed medicine strong enough to kill a horse, and have been blistered over and over again." He was raw in several places, and said he was willing to try homœopathy.

I used Aconite, Bryonia and Colocynth as idicated, also Arsenicum album. These remedies, though giving him relief, did not act as thoroughly as I desired, and so, after ten days' to two weeks' trial, resorted to the comparatively unproved drug of Gnaphalium, and to my great satisfaction, and the surprise of the neighborhood, who expected to see him carried away in a hearse, the third day following he sat up out of bed, and in a week was on the street. I used *no local* treatment at all, Gnaphalium doing the work.

3886 VINCENNES AVENUE.

FIBROID TUMORS AND IODIDE OF LIME.

By ALBERT G. BEEBE, M. D.

CHICAGO.

IN the November issue of the ERA I was reported to have said something upon the above subject. When I said it, or to whom, I do not know. However, I do not deny that I did say, or might have said, something to that effect; and as some of the readers of the ERA have written to inquire about the matter, I have thought it might be as well to "say it out loud," so that all who may be interested might get the benefit.

It is now some twenty years since, in casting about for some remedy to control the hemorrhage and growth in a case of very large fibroid of the uterus, it occurred to me to try what was then called Nicol's Iodide of Lime. Knowing that Calcarea was a good homœopathic remedy for menorrhagia and Iodine the great absorbent, it seemed reasonable that the two combined ought to make a good team for the work in hand. *And they did.* The result was more and better than I had dared to hope.

From that time to this I have never found a case of fibroid of the womb (and I have found a goodly number) which has not been *perfectly* controlled as to the hemorrhage by this remedy. As to the growth, there have only been two or three that have not been not only prevented from increasing in size, but have been very markedly reduced; and a *large majority* of the tumors I have had to treat, that had not reached a size larger than a man's fist, have *disappeared entirely* under the persevering use of this medicine. I have watched the experience of the profession with the Apostoli method, and with all the other methods for controlling these growths, but have never been tempted to try any other in preference to my own, except in one instance. In that one, the tumor was subperitoneal and so loosely attached to the uterus that I doubted the success of medical measures, and performed laparotomy. I found it was necessary to remove also the uterus and its appendages; and although the patient made a good recovery, I should hesitate about advising another similar case to run the same risks, unless absolutely compelled to do so by the failure of all other measures.

Many years ago I spoke of this means of treatment upon the floor of the American Institute, at the meeting at Put-in-Bay, and have since reported more fully in the Homœopathic Journal of Obstetrics and Diseases of Women and Children, May, 1883.

How fully others have tried the remedy and with what success, I do not know. If they have not succeeded it must have been due to one of three reasons. They have not had the same preparation, or have not given the suitable dose, or have not persevered long enough. In some of my cases I have seen complete cure in six months, of fibroids as large as a fair sized orange. In other cases I have had to persevere for years even for small growths, though not often, except in large subperitoneal tumors. The treatment is, however, so simple, so painless and so inexpensive that it is as nothing compared to the heroic measures otherwise in vogue.

This suggests what may be, in the minds o some, an objection to this method, viz., that there is very little money in it. The patient does not appreciate what is being done for her by such undemonstrative measures, and the physician cannot charge for an occasional vial of medicine what the surgeon could and would for a laparotomy or a long series of galvanic treatments, each severe enough to be considered a surgical operation.

It all depends upon whose interest we are most considering, our patient's or our own (when the two *seem* to be antagonistic), whether this shall seem an objection or not.

Now as to the preparation I use, it is labelled Iodide of Lime, is manufactured by Billings, Clapp & Co., of Boston, and is a nearly black powder put up in one-ounce glass-stoppered vials, and costs at wholesale about fifty cents per ounce. I believe it is kept in stock by Morrison, Plummer & Co., of 52 and 54 Lake street, Chicago, wholesale druggists.

I usually give a patient a two-dram vial of this powder, and direct her to put one-half of this at a time into an eight-ounce bottle, filled with water which has been boiled and cooled again. This is to be kept well corked in a cool, dark place, and, after shaking it, she is to take a teaspoonful two, three or four times a day, according to the urgency of the case. I have never seen any ill effects from its use, even when continued for years, and, in one or two cases, in much larger quantities than I have indicated. I also consider it important to limit, as much as possible, exercise upon the feet, or with the feet, as in using a sewing machine or riding a wheel.

There are very few things in my practice which I feel as much confidence in being able

to do as in controlling and curing fibroids of the womb with this medicine; and I should be glad if every woman whose life is burdened with such a disease, might have the benefit which this treatment would bring her.

At some other time, if the editor will permit, I should like to say a few words as to one other use of this remedy, which is, perhaps, quite as important as this.

In what I have said above, I have had mainly in mind the interstitial (or intra-mural) and the subperitoneal varieties, rather than lhe intra-uterine or sub-mucous fibroids, as the tatter are so readily removed surgically that that would be usually preferable.

582 W. ADAMS STREET.

QUININE.

BY J. B. DENHAM, M. D.
WENONA, ILL.

[Read before the La Salle County, Illinois, Homœopathic Medical Society.]

CLINICAL experience has led the profession to be chary of the use of this drug in low forms of fever, especially of a typhoid character, some claiming that it has killed more typhoid fever patients than it ever cured.

While reports are so unfavorable where the drug is given with an elevated temperature, under such conditions clinical experience warrants us in believing that it is contra-indicated, not because of the high temperature, but because of the peculiar state of the system over. whelmed by the typhoid poison; for despite the elevated temperature no remedy has ever given me greater satisfaction than this drug in heroic doses when puerperal septicaemia or pyæmia was present.

One case, after being under treatment for some time and receiving various remedies, still maintained a high temperature, although the tongue was moist, head clear and perspiration profuse, with slight chilly sensations at irregular times.

With a temperature of 104½° to 105°, I began giving, along with Arsenicum 3x, two grains of Quinine every hour for twelve hours, then every two hours. Under the influence of this treatment a temperature that had held high continuously, or lowered only at infrequent intervals, was gradually reduced, frequency of creeping chills and perspiration lessened, with less thirst. After the first twenty-four hours the amount of drug given was regulated according to the elevation of the temperature.

Not long after I had an opportunity to test its virtues on a patient lately confined. Her symptoms—severe pain in side, great thirst, terrible headache, quick pulse, high fever, profuse perspiration, lessening of flow—were very threatening. The patient, a primipara, was given Arsenicum and Veratrum vir. for twenty-four hours without benefit. I continued the same, added vaginal injections of carbolated warm water, and two grains of quinine every hour for twelve hours, then every two hours. In twenty-four hours she had much lower temperature, pulse lowered, headache less. The same treatment continued two or three days seemed to avert a trouble that for thirty-six hours was very threatening in its appearance.

A clinical report where several remedies are given at a time, is not of much value as an educator; but the lower temperature so soon followed the administration of the quinine that it seemed no injustice to my colleagues to occupy their time long enough to relate the result of the heroic application of a drug that some homœopathic M. D.'s would relegate to an undeserved obscurity.

TREATMENT OF CAPILLIARY BRONCHITIS IN CHILDREN.

BY C. A. WEIRICK, M. D.
MARSEILLES, ILL.

[Read before the Illinois Homœopathic Medical Association, Springfield, May, 1891.]

THE rate of mortality, as given by recent old-school authority in this disease, is from thirty-five to fifty per cent, an average rate greater than that in scarlet fever, diphtheria, or in many epidemics of yellow fever. Capilliary bronchitis does not send terror to the heart of the loving mother as do the other diseases mentioned. It does not, as do they, sweep suddenly down like a tornado upon a community; cause the death of a comparatively few of the many struck, and then vanish for an indefinite period. It comes regularly every year, not prostrating many at a time, but of the few, the mortality is great. I dreaded to be entrusted with a case of this kind, for too often had I seen, in spite of all I could do, the cough cease, the moist râles increase, the breathing become steadily more superficial and rapid; the pulse increase in frequency and lose in volume; face become pale, then cyanotic; coma, sometimes convulsions, closing the scene.

For several years past I have been much more successful in the treatment of this dread affection.

For me to treat this disease in little children with any degree of certainty of a favor-

able termination, I must keep in mind, or constantly guard against, three conditions:

1st—The cough;

2d—Accumulation of secretion in the bronchial tubes;

3d—The heart.

The first is the most important, and involves the others.

I learned from experience that if the cough would continue with reasonable vigor until the pathological condition was removed, the patient would recover; but if the cough cease before that time, the case was so very grave that it frequently ended in death.

The cough is caused by an irritation of filaments of the pneumogastric nerve, which irritation is transmitted to the nerve center located at the base of the brain, and is in turn communicated to the ganglia controlling the respiratory muscles, and cough results. If, then, the cessation of the cough is followed by such serious results, the thing to do is to pursue a course of treatment that will prevent the nerve centers from becoming so exhausted that they will fail to respond to the irritation which should result from the pathological condition. Whether that condition comes first as the result of the bronchitis, and causes a weak action of the heart, or whether this weak action precedes and causes the failure of the nerve center, I do not know, and practically it is of little importance. I know you will say, "Stop the disease in the incipient or congestive stage, and this condition will not supervene;" but the mortality rate shows that the majority of these cases are not controlled at this stage of the disease.

For the first thirty-six hours give either Aconite 1x, tincture of Veratrum viride, Belladonna 1x, in alternation hourly with Ferrum phos. 2x, and every three hours a material dose of granulated Muriate of ammonia. If the case is not decidedly improved in thirty-six hours, see that the cough does not cease, and thereby allow the exudation to accumulate in the bronchi and thus prevent ingress of air into the lungs. The success of this treatment, as has been stated and should be impressed upon the mind of the physician, rests upon the continuance of the cough, which depends upon the power to maintain the functional activity of the nervous system, especially the parts involved in causing the cough. I do not use many remedies. Cuprum metallicum is one of the best. Ferrum phos., Ignatia and Podophyllum have served

/ ell.

The second condition to prevent is the accumulation of secretion in the bronchi. This, of course, is involved in keeping up the cough. Should the cough, in spite of the remedies, show signs of stopping, and at the same time moist râles increase, use a steam atomizer with the medicine-cup filled with water and four drops tincture of Iodine. The use of the atomizer is most frequently called for in bronchitis that occurs as a sequel of whooping-cough. I have used with good results Cresoline vapor. Occasionally change the position of the patient. The heart's action, I think, is best maintained by the use of the ammonia preparation mentioned. I give it during the entire course of the disease. By following the above course accordirg to the principles mentioned, the treatment, to me, of this once dread disease becomes a pleasure, because of the satisfactory results obtained.

GYNECIC ETCHINGS.

COMPILED BY
H. D. CHAMPLIN, M. D.
CLEVELAND, O.

IN women complaining of pain between the shoulders all through the month, you will find on examination some laceration of the cervix.

In women complaining of pain preceding menstruation, there is some ovarian or Fallopian trouble.

In women who complain of pain accompanying the flow, and no pain preceding it, the pain is due to some mechanical obstruction, or malposition of the uterus.

One inevitable result of cystic degeneration of the cervix is carcuioma of the cervix, and to prevent the latter, excision of the cervix is imperatively demanded.

A vicarious smarting corrosive leucorrhœa indicates that the uterus is in the late stages of inflammation.

Chronic sore throat in women is in many cases due to uterine trouble; cure the uterus and the throat cures itself.

Pain in the stomach may be caused by an affection of the uterus.

Never manipulate the uterus when the rectum and bladder are full.

Cancer of the uterus seldom or never appears in women who have not borne children or gone through an abortion.

Menorrhagia or metrorrhagia caused by fungous, villous, or sarcomatous degeneration of the endometrium can be ameliorated and cured with the sharp curette better than by any other method.

A persistent or recurrent pain in the top of the head or in the occiput is almost pathognomonic of uterine disease.

When a woman has a pain in the ovary, which walking relieves, she has ovaralgia.

Carcinomatous growths, peritonitis and pelvi : cellulitis, are the only three conditions which anchor the uterus.

Pessaries in the treatment of dysmenorrhœa are an abomination.

Leucorrhœa is a common adjunct to nerve prostration, and is cured by the cure of its cause.

The mucus of a uterine catarrh is in quality very much the same as the mucus of a nasal catarrh, and its secretion is in itself no more weakening. It is not a disease in itself, but is merely the symptom of a disease.

Every ovary ache does not necessarily mean ovarian disease.

As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should always be suspected, and its diagnosis be carefully considered in all cases of metritis.

Purpura hemorrhagica manifests its influence in three ways upon the empty uterus: (1) It can suppress the menstrual discharge and substitute it vicariously by its periodic occurrence; (2) it may simply exaggerate the menstrual flow (menorrhagia); (3) it may itself cause a hemorrhage from the uterus (metrorrhagia).

For vesical irritation in a woman always bear in mind that fissures of the rectum, rectal irritation, and even an accumulation of fæcal matter, will be found the seat of the trouble.

If a woman has a fibroid and a hemorrhage you can take it as an absolute certainty that she has also fungoid growths of the uterus.

If a fibroid tumor begins to enlarge after the menopause has set in, it means that some form of complication or degeneration has taken place in the growth.

When you have retroversion with adhesions, you have, in nine cases out of ten, a salpingitis and ovaritis which cause it, and in these cases *never* have recourse to an instrument for the purpose of raising such a uterus.

Abdominal distension may be due to pregnancy, obesity, ascites, fibroid tumor, the various growths in the viscera, and tympanites or phantom tumor.

ON THE LIMITS OF THE DRUG-ATTENUATION.

By C. WESSELHŒFT, M. D.,
BOSTON.

THERE is nothing truer than that medicines, to be effective, must be prepared according to rational pharmacy, *i. e.*, we should abandon the old way of attempting to make solutions and dilutions of triturations of practically insoluble substances, and of attempting to dilute or potentize soluble substances beyond the limit at which matter ceases to be divisible..

All eminent physicists and chemists, after careful experimental research into the constitution of matter, agree that it is composed of ultimate particles called molecules, which may be either simple or compound of atoms. These are permanent and indivisible. Hence we should err in attempting to carry divisibility further.

Careful examination of triturations shows that divisibility and mortar-grinding of hard insoluble substances cannot be carried beyond the sixth centesimal or twelfth decimal trituration, thus ceasing long before the molecular limit, which cannot be reached by trituration. A microscope will easily show the limit to which a hard and insoluble substance can be reduced.

Dilution of soluble substances, ceasing with the molecular limit, cannot be carried beyond the eleventh or twelfth centesimal, or the twenty-second or twenty-fourth decimal dilution. These results are based on the latest scientific investigations of the best minds of the age. Any one to be an authority must give testimony which is evidence. These men have given evidence.

As the eleventh or twelfth centesimal, or twenty-second or twenty-third decimal dilution or potency contains about the quadrillionth part of a drop or grain, it must contain about a molecule, the whole drop or grain consisting of a quadrillion molecules. [A quadrillion is expressed by 1 with 24 ciphers, and is what is called a septillion in arithmetic.] As it would appear that such a figure were not very large, the following illustration is interesting: To exhaust one

quadrillion by subtracting one hundred millions at every second of time, would require ten thousand billions of seconds, or (26,474,720) nearly twenty-seven millions of years. This shows how little we are able to conceive the enormity of such numbers, yet by successive division by one hundred such a number is reached very soon, as it actually is if we dilute too far.

Another illustration: Taking four drops of water as equal to a cubic line, how much space would a quadrillion drops of water occupy? Answer, about 35,000 cubic English miles, or 50,000 square miles 3,000 feet high. These illustrations show how divisible matter is, yet the eleventh represents that limit. To try to go beyond is absurd, because it is impossible; in fact, the perceptible effect of medicine ceases long before that limit is reached. Hence I advise the use of the tincture up to the third or possibly the fifth dilution.

Granted that there is no medicine in a trituration above the twelfth, or in dilution above the twenty-fourth, it follows as a logical consequence that recoveries are not medicinal cures, if they take place after the use of preparations that exceed the limits of the divisibility of matter. Attempts are made to avoid this conclusion by asserting that the clinical test (meaning reports of recoveries) disproves all the most tangible and intelligible evidence of limited divisibility of matter. Limited divisibility of matter rests upon exact research and investigation, while clinical tests are inexact, imperfect, and often undemonstrable, according to the laws of reasoning. Supposing that the number of cases of recovery after the use of medicine amounts to twenty per cent more than the recoveries under expectant treatment, which is by no means the case, it would then become imperative in every case of recovery after the use of medicine to demonstrate that such recovery could not have taken place without the medicine. What is our clinical experience? We, *i. e.*, physicians, have no statistics of cures that a life insurance company would give two cents for. Cases result either in recovery or death, and recoveries are often called cures. So long as only cures are published, to the exclusion of fatal, uncertain or doubtful cases, we have no reliable statement of facts, which are only to be obtained by full, perfect statistical data, which do not as yet exist.

INJURIES OF THE EYE-BALL.

By O. A. PALMER, M. D.
WARREN, OHIO.

HAVING treated a number of cases of eye-ball injuries during the last few years, I thought it proper to note a few things that were fixed in my mind while caring for them. I shall consider the eye-ball as a whole, and shall not speak of each coat.

Sometimes we are called upon to treat a case where a snow-ball, or an object of any kind, has been thrown with great force against the eye-ball, causing much injury. It is hard to predict the results in these cases.

For convenience, I will divide the injuries and wounds of the eye into external and internal.

By external is meant all wounds and injuries that do not pass through the coats of the eye.

By internal is meant all penetrating injuries of the ball.

Any small foreign body may come into contact with the conjunctiva and cause irritation, and, if allowed to remain, severe inflammation will soon follow. Very soon after the irritating body comes into contact with the conjunctiva there is pain, and, in many cases, ciliary neuralgia becomes severe. As soon as possible the foreign substance should be removed, and if the eye is painful two or three drops of a two per cent solution of cocaine should be used in it. If there is much inflammation, and the patient is a robust subject, I order cold compresses. If we have a debilitated patient I order hot applications of water or water and Arnica.

What is termed *chemical* injuries may cause extensive destruction of the conjunctiva, leaving a deep slough of the membrane, which may cause a loss of vision, if not of the entire eye-ball. If the injury is caused by lime, use a weak solution of acetic acid, or vinegar and water, ℥j to ℥j; this will form on the mucous surface the acetate of lime, which is a harmless compound. Olive oil should soon be used in the eye in order to lubricate the injured membrane. The oil should be used three or four times daily, and if there is much pain cocaine or atropine should be used as needed to give relief.

If strong acids are the cause of the injury the eye should be syringed out with a weak solution of carbonate of soda or potash, ℥ss to ℥x of rose water, and soon after drop in olive oil, and use it two or three times daily. If the conjunctiva is burned with powder and

a good deal of it is well blown in, it is best not to try to remove it all, because it generally does not cause any trouble.

Occasionally bits of stone, iron, or any hard small substance may be imbedded in the sclera and cause great suffering and danger, if left any length of time. They should be removed immediately, and care taken that no portion of it is left to continue the danger.

In all bad burns of the conjunctiva there is uniting of the eye-lid with the eye-ball, causing what is termed symblepharon.

The internal injuries are more dangerous, and require careful treatment.

Injuries causing an extensive incision of the coats of the eye-ball are very dangerous, as a considerable portion of the contents of the eye-ball escapes, which is followed in many cases by intraocular hemorrhage, suppurative choroiditis, and finally atrophy of the eye-ball.

If the wound happens to be small, it may prove very harmful by having a portion of the retina fall into it and cause detachment of the latter, and threaten the safety of the eye. In some cases the injury wounds the lens, and is the cause of traumatic cataract, or severe inflammation may follow that will destroy sight.

Severe blows from blunt instruments are very dangerous, because of their destructive effect upon all the coats of the eye-ball. These blows may cause a rupture of the eye-ball, and instant blindness; or there may be no rupture, with instant loss of vision. Small incised wounds of the ball should be carefully sutured together, and the ordinary treatment used to prevent inflammation. In small punctures of the ball a compress is all that is needed in most cases. If the wound is extensive, and a large portion of the contents of the eye-ball has escaped, it is better to remove it at once.

In some cases sympathetic inflammation attacks the uninjured eye, and when it does the injured one should be removed immediately.

The first case that came into my hands for treatment was a man that had been injured by a stick flying into his left eye some ten years before. It had pained him by spells since it was hurt. At the time I first saw it there was pain and inflammation in both eyes, but very much more in the injured one. I treated it but a few days before I became convinced that the uninjured eye was in danger, and advised the removal of the injured eye-ball. I operated the next day, and cared for the stump in the usual manner. The other eye pained no more, and was in a short time as good as ever. The injured eye was never free from some inflammation after the injury.

The second case was a stone-cutter, who had a small portion of a very hard stone fly with such force as to pass inside of the right eye-ball. It passed through the cornea and nearly through the iris. He received this injury about two years before he came to me. After the first five weeks there was not much pain or inflammation, until about two months before he saw me. One day while leaning forward the injured eye began to pain him very severely, but it was relieved after a few days' treatment, and all went well until another similar spell came on about a month after the first attack. In a few hours after the second attack, the other eye began to pain and become inflamed, causing the uninjured eye to be in great danger. When the condition was explained to the patient he concluded to have the injured eye-ball removed.

After I removed it I treated the other eye for three or four weeks before the vision improved.

The third, fourth and ninth cases were boys, who were shot in the eyes by fire-arms. In case third the left eye-ball was badly blown into pieces. or split so that it was difficult to prepare for an artificial eye. This was a very small boy, but a brave patient.

In case fourth there were four ordinary sized shot inside of the eye-ball. I enucleated the eye about eight hours after the shooting. The patient made a good recovery in two weeks.

The ninth case had one shot and several eye-lashes inside the eye-ball. In three weeks after the operation he was at work, and used an artificial eye with comfort.

It is a good general rule to remove early an eye which contains a foreign body, or has received a serious wound of the ciliary region. If the eye is not removed before, it should be as soon as any symptoms of sympathetic inflammation appear.

Puncturing in acute hydrocephalus is still an experimental procedure which is permissible on account of the hopeless prognosis of other methods of treatment. The proposal of of trephining in all cases of incurable Horsley headache must be restricted in its general application.

SELECTIONS.

Diabetic Coma.

There are two distinct causes for diabetic coma:

First. Weakness of the heart's action caused by the action of the sugar in the blood on the muscular fibres of the heart. The heart muscle suffers from a degeneration o its fibres. The cyarotic face, quick breathing, slow, small pulse, getting quick and irregular with the slightest exertion, point in that direction. Then the cardiac impulse is hardly perceptible, the area of heart's dullness is increased in breadth. On auscultation, the first sound, not only at the apex, but on the aorta, is anything but clear. With such a heart goes short breath, giddiness, sounding in the ears, and great sense of weakness. When such a heart is wearied out by over-exertion, the breathing is affected, appetite disappears, the head suffers from pain, giddiness, and there is an inclination to vomit. The arteries get more and more empty, the veins more and more full, carbonic acid accumulates in the blood, somnolence steals on, coma succeeds, and the patient dies poisoned.

In these cases the line of treatment is plain. Avoid anything medicinal or otherwise, exciting to the heart. Hill-climbing, stair-climbing, long walks, early rising, Venus and Bacchus in excess. Bromide of potassium, all combinations of potassium, splicyl, antipyrin, antifebren, antikaumia, hot baths, and also narcotics are to be strictly avoided.

Nutritious, but easily digested food, fresh and invigorating air, and a moderate amount of alcohol are the best drugs.

In pressing cases keep the patient in a recumbent position; under no circumstances must he stand up, nor sit up, even to urinate or defecate. Give stimulants by mouth, or subcutaneously if they are apt to cause vomiting (*e. g.* camphor, musk). *The best stimulant of all is black coffee.* Castoreium sibiricium is a very good stimulant.

Under no circumstances allow the patient to get up until the first sound of the heart, indistinct or vanished, again becomes clear.

The second form of diabetic coma is an acute self-poisoning, known as *acetonæmia.*

Its symptoms, often mistaken for indigestion or slight gastric catarrh, are: Lack of appetite, coming on suddenly, eructations, especially in the morning, of foul gases; great sleepiness and weariness; the sleep leaves the patient more weary, feeble and heavy-headed than before. There is usually constipation, sometimes diarrhœa; tongue is dry and coated, breath smells badly. This condition lasts two days, and then the patient gets restless, groans and laments in his sleepy state. Respirations increase to forty-five, the pulse to 130 or more. The temperature is raised (102°, 103° and over). He requires loud calls to arouse him, is peevish, hardly answers a question, and again relapses into a sleepy condition. When asked, he complains of thirst and pains in the upper left side of the abdomen, which, however, is not painful on pressure. These pains come on from time to time, and must be acute, as they awaken the patient and cause him to cry out.

After violent efforts he vomits some greenish-colored fluid and the maddening pain seems to abate, and he falls asleep until another attack. Physical examination reveals nothing abnormal with the heart or lungs. The pupils are contracted and react but slightly. Towards the end clonic and tonic spasms set in, and death follows in deep coma. Death comes quickly, often in ten hours.

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The colic, high temperature and clear heart sounds distinguish this form of coma from that produced by cardiac failure.

The treatment is beautifully simple: Clear out the bowels, constipated or not, with one to two tablespoonfuls of castor oil. "The poison, be it piomaine or taxin, or whatever else, is a product of decomposition in the bowels."

The case is simply one of poison; the poison lies in the bowel; get rid of it as soon as possible. A thorough purging results in a profusion of black, foul, putrid stools, and recovery is remarkably quick. The purging does not weaken the patient, who seems better after than before the attack.

The poison is in the feces; who will isolate it?—*Dr. Schmitz*; *Berliner Klinische Wochenschrift.*

Valvular Disease of the Heart, with Treatment by Cactus Grandiflora.

Mrs. D., aged sixty-two, has for several years suffered from valvular disease of the heart, with all the attendant symptoms. The disease has made but slow progress, the swelling of the legs extending only a little above the knees. In January, 1890, she had an attack of la grippe, causing a marked aggravation of the heart trouble.

The body became bloated to quite a degree, the urine was scanty, and the breath very short. The death of the patient was almost hourly expected, but she began to improve and remained comfortable for several months. The dropsy remained, though somewhat improved. In December she took a slight cold, and all the symptoms returned with renewed force. The body was very badly bloated and the hands and face swollen. It seemed that the end was fast approaching. The urine was scanty and high colored, breath short, the heart laboring very hard, and the patient unable to make the slightest exertion. The pulse was slow and intermittent. There was no pain. Various remedies had been tried, principally Digitalis, but no benefit resulted. The patient was now put upon Cactus grandiflora 2x, though none of the prominent symptoms of the drug were present. Improvement began almost immediately, urine became free, in fact very profuse, the patient passing more than a gallon daily. The dropsy soon disappeared entirely, except an occasional swelling of the ankles, and has so remained ever since. She reports herself as feeling better now than at any time for the last five years.—*Dr. Abbott, Trans. Maine Hom. Med. Soc.*

A New Method of Producing Local Anæsthesia.

This method of producing anæsthesia by the application of cold, the characteristic feature of which is that it is not the cold-producing agent which touches the desired part, but a metallic tube or chamber which is cooled by carbonic acid. The cold may, according to the requirements of the case, be regulated from the temperature of cold water to one sufficiently low to cauterize. The first symptom of this artificial cold anæmia of the cellular tissue, producing a slight sensation of burning, which is followed by anæsthesia, which lasts from one to two minutes and then disappears without any ill effects. As the instrument may be manufactured of almost any shape, it is evident that this new method may be used for a variety of purposes. The simple turning of a tap will regulate the stream of carbonic acid to any degree of temperature down to four degrees Fahrenheit. No moisture is produced. In using this cold for the purpose of cauterizing, the surgeon has the advantage of producing anæsthesia at the same time. When applying it to any of the internal cavities, such as the mouth, it is necessary to have the parts carefully dried, as the tissues would otherwise adhere to the instrument. Dr. Kummel applied the method in the case of a boy in the Maria Hospital at Hamburg with such complete success that the boy looked on without moving a muscle while a deep incision of twelve centimetres in length was made in his thigh. Other gases which can be brought into a fluid state may be used in place of carbonic acid. The carbonic acid which has been used for the purposes of anæsthesia may be led into a vessel which has been tested to a pressure of three atmospheres, and is provided with a manometer and safety valve, whence it could be used as a motor agent or for preserving food. An iron bottle of fluid carbonic acid at a pressure of fifty atmospheres is sufficient for fifty operations. This can be bought for four or five shillings. The instrument for the application of cold to the tissues costs thirty shillings.—*Lancet.*

Relation of Asthma to Other Diseases.

Asthma must be regarded as a reflex neurosis, the symptoms of which are spasm of the bronchial muscles of the diaphragm, and of other inspiratory muscles associated in many cases with more or less vasomotor disturbance in the bronchi.

The theory necessitates the assumption of a peculiar unstable condition of the respiratory centres, the nature of which is at present unknown, but which constitutes the essential predisposing cause of the disease, and which in all probability is the only heritable part of it.

In all this the resemblance of asthma to epilepsy is very close, and Hughlings Jackson does not shrink from curtly defining asthma to be "a respiratory convulsion," and I presume that he regards it as possibly, in many cases, a congenital affection, for he proceeds to attribute it to "the discharge of imperfect (? small) respiratory centres."

It is interesting to find that this theory brings us back to the view originally propounded in his *Zoönomia* by Erasmus Darwin, who stated that *asthma convulsivum* had the same character as all other cramps and epilepsies, and that it could originate like them from nearly all distant parts of the body.—*Dr. West, in Practitioner.*

Don't forget to examine the urine frequently throughout the stadium of scarlet fever. Nephritis is a common sequel to this disease, and its onset must be watched with jealous care.

Chairs of Homœopathy for Belgium.

The *Homœopathic World* of November contains the following:

The British Medical Journal (Oct. 3rd) is responsible for the following piece of intelligence duly spiced with allopathic spite:

"HOMŒOPATHY IN BELGIUM.

"Chairs of homœopathy are about to be established in all the universities of Belgium, and it is expeeted that in the forthcoming winter session the edifying spectacle will be presented of the disciples of the great medical heresiarch teaching side by side with professors of the orthodox faith. The picture is quite millennial, and it is only to be hoped that no unseemly conflicts among the pupils may mar the pleacefulness of the scene whent he professorial wolves and lambs lie down together. The idea of this new departure appears to have emanated from the brain of M. Terlinden, a member of the Belgian Senate, who thinks the medical neophyte should have a chance of hearing both sides of the qnestion before deciding under which banner he shall fight. Belgium is the only European country which is privileged to have homœopathy taught from regular academical chairs, with the exception of Hungary, where two homœopathic professors lecture in the University of Buda-Pesth. Many years ago, however, we believe the chair of pathology in the University of Edinburgh was occupied by a declared adherent of the doctrines of Hahnemann. A great fuss was made at the time about such a desecration of that seat of learning by Syme and others, but the 'baillie bodies' responsible for the appointment refused to make a Jonah of the man of their choice."

Nature and Treatment of Eczema.

According to Unna, eczema is a chronic catarrh of the skin, of parasitic origin, with desquamation, itching, and a tendency of the skin to respond to irritations with exudations and pronounced inflammation.

Treatment should fulfill two indications: First, attack immediately the cause of the disease by antiparasitic treatment.

Secondly, transform the epidermis into a less favorable soil for the development of the germ. The best therapeutic agents in the treatment of eczema are those which fulfill both indications at the same time.

The radical treatment would consist in destroying all the germs which exist in the depth of the skin, which is impossible to accomplish immediately. However, it is not necessary to regard eczema as an incurable affection. The disappearance of the eczematous efflorescence is not always a definite sign of cure, but this cure can always be obtained by the continued and prolonged employment of specific treatment.

Unna designates a number of forms of chronic eczema which have their own peculiar types. The therapeutics of all these various forms varies with each individual case. The author only desires to consider seborrhœic eczema, which is the most common form. Seborrhœic eczema commences as desquamative erythema, which resembles pityriasis and may continue to present this appearance, or may be transformed into an exudative eczema, or finally into a crusty psoriasiform eruption; vesicles seldom appear except under the influence of external irritation.

In treatment the principal object is to destroy the specific agent, at the same time avoiding the production of an artificial inflammation of the skin. A really irritant treatment is not necessary even in the most chronic or scaly varieties. The doses need only be sufficient to produce a thinning of the horny layers.

When inflammation and exudation are intense, mild specific agents should be employed, such as oxides of zinc and lead, sulphur, resorcin in the form of powder, lotions, ointments and glycerine jelly.

When inflammation is less pronounced and the exudation is slight, we can resort to more energetic agents, such as chrysarobin, pyrogallic acid, tar, oxide of mercury in the form of ointment, plasters, and especially impermeable poultices.

Arsenic is the only drug which acts internally with some efficacy upon seborrhœic eczema, especially the dry forms. All other general agents act upon the intestine, kidneys, uterus, or some other organ in reflex relation with the skin.

All régimes, all baths, except those of sublimate, can only be considered as adjuvants of real specific treatment.—*N. Y. Med. Times.*

Diet in Chronic Gastric Catarrh.

The patient should take about 100 grammes of albumin, 60 grammes of fat and 300 to 350 grammes of carbo-hydrates every day, so as to prevent denutrition. Employ four kinds of

diet in accordance with the severity of the disease:

I. A diet consisting of bouillon, milk, soft or raw eggs, zwieback, English cakes (not containing sugar), mineral waters (Apollinaris, Selters, etc.).

II. A diet consisting of boiled calf's brain, sweetbreads, boiled chicken (young, without the skin), boiled pigeon, calf's feet, tapioca boiled in milk, custard.

III. A diet consisting of finely chopped raw beef or ham, beefsteak slightly broiled in fresh butter, scraped meat from the loins, mashed potatoes, stale bread (white), coffee and milk.

IV. A diet consisting of roasted chicken or pigeon, roast venison, quail, roast beef (cold), roast veal, fish (bass and pike), macaroni, milk and rice, steamed apples, finely chopped spinach, light wines.

The food should be taken every four or five hours in small quantities; it should be well cut up and eaten moderately warm. No food should be partaken of after hard exertion, and the amount of fluid taken with solid food should be limited, so as not to dilute the gastric juice. Among vegetables, young carrots, turnips, green peas, cauliflower (the tops), and spinach may be allowed. Only acid fruits (apples, pears, plums and cherries) are permitted. If milk is well borne it is an excellent drink. Small amounts of soups with addition of eggs and peptones can be recommended. Tea is usually well borne, sometimes cocoa and chocolate; small quantities of alcohol stimulate the gastric secretion; effervescent wines tend to disturb digestion. Foods containing salts or creasote have a tendency to increase the appetite, such as smoked ham and beef. To relieve thirst unirritating foods should be chosen; the mouth may be washed out with carbonated waters. Constipation should be removed by large quantities of cooked fruits (baked plums). If there is much formation of intestinal gases, all vegetables and fruits and fresh bread are to be avoided, and it is also best to give up the use of milk. A foul taste in the mouth calls for abstinence from all fresh albuminous substances, and smoked meats only should be eaten.

These dietetic measures should be supplemented by exercise in the open air, regulation of habits of life. Large and electrization of the stomach and intestines, massage and hydrotherapy are valuable auxiliaries. Mineral waters are of great importance.—*Dr. J. Rosenheim.*

Glandular Tumors of the Neck.

1. Lymphatic enlargements, situated in the neck and dependent on constitutional causes, may arise from syphilis, carcinoma, and lymphadenoma.

When from *syphilis*, they affect by preference the posterior chain of glands, are small, freely movable, painless, bilateral, and yield readily to specific treatment.

If *carcinomatous*, they form a very hard, rapidly-growing mass, infiltrating surrounding parts, becoming fixed to everything beneath it, involving the skin, causing serious pressure symptoms, and followed by the development of cachexia. Operative treatment is useful, though only palliative.

If *lymphadenomatous*, they are rounded, regular, movable, painless, elastic or fluctuating, do not affect the skin, and are associated with anæmia, leucocythæmia, and with enlargement of other and widely removed lymphatics and of the spleen. The treatment should be tonic and supporting. Operative interference is useless.

2. *Scrofulous adenitis* is essentially a tubercular inflammation of glands, occurring usually in young persons with a scrofulous or phthisical family history, and with some form of local irritation superadded, which must be sought for in the mouth or pharynx, or about the face or head. The glands are all characterized by a tendency to caseation, with or without supperation, and form indolent masses, less defined, more fixed, and more tender than in lymphadenoma. The treatment in recent cases should be, first, hygienic and tonic, with fixation of the head, and, if possible, with cure of the proximate cause. If this fails, or without attempting it in old cases, excision should be resorted to.

3. *Simple adenitis* results from some source of local irritation, and constitutes an acute, tender, inflamed, poorly-defined swelling, running a rapid course to either suppuration or resolution. Treatment should consist in removal of the cause, or, later, in the free evacuation of pus.

Practical Points on Some Forms of Surgical Diseases and Injuries Usually Improperly Treated.

Carbuncles should never be *poulticed*, as it softens the tissues and encourages the process of the dissemination of the fermentive germ which produces heat, redness and swelling.

Treatment: Circumscribe the carbuncle, or boil, with *collodion*, applying several coatings of it from the periphery to the center, leaving an opening one-fourth of an inch in diameter. Inject about twenty drops of a solution of the following: Carbolic acid drops, twenty; glycerine, drams, one; aqua dest. d., three. Pass the hypodermic needle into the open center, having first made a crucial opening, and send the needle well towards the periphery; pass it in four or five different directions. Your patient will leave your office comfortable, for the *microbes* have been put to *rest!* This treatment repeated two or three times save the patient months of suffering; in fact, within *five days* your patient is discharged; he is grateful until you present your *bill!* Any antiseptic dressing, such as a cerate of eucalyptol, will do.

Enlarged Prostate.—Give five to ten grain doses of muriate of ammonia three times a day. R. Ammonii chloridi oz., ½; syr. aurantii cort. oz., 4. Sig. A teaspoonful in half a glass of water, t. i. d. You will be surprised at the results obtained if you will continue the treatment as long as three months. The patient will be grateful in the historical way.

Sprained Ankle.—Nothing like hot water and the rubber bandage. The hot water soothes lacerated ligaments; the rubber bandage prevents swelling, and, what would follow, ankylosis. Liniments worse than useless.

Ingrowing Toe Nail.—Surgeons and chiropodists the world over continue to tear off the outside of the offending nail. The fashionable shoe has given to the world the ingrowing toe nail. Surgeons—one would think from the barbaric treatment given to these victims of fashion—believe in regard to the big toe the Creator made a mistake! that He should have ordained the nail *narrower!* thus they remove it without remorse or compunctions of conscience.

Treatment: Pack the side of the nail with absorbent cotton soaked in the following: ℞. Liquor potassæ, drams, 1; sol. of cocaine, (four per cent.), dr., 3. The object of this is to soften the hypertrophied redundant tissue; pressure will absorb it. Paint it many times with collodion, and apply very narrow strips of surgical plaster in such a way as will draw the tissue away from the nail. A few treatments will bring about a *natural* result. Instruct the patient never to cut the nail off at the side, but allow it to grow out so that the corner of the nail cannot enter the side tissue. If the case on coming to you is ulcerated, destroy the pus with a strong solution of peroxide of hydrogen before doing anything. Dress the toe every day for the first three days, after which you can give instructions for home treatment or extend the interval.—*Dr. Terry, in N. Y. Med. Times.*

Skin Grafting After Excision of the Mammæ.

Mr. Watson Cheyne reports two case which illustrate the value of Thiersch's method of skin grafting in closing recent wounds, and thus enabling us to operate in cases where otherwise we might hesitate, as well as to perform the operation more effectually in less severe cases. In excising the breast great care should be taken to remove also all the fascia covering the pectoralis and other muscles exposed in the wound, partly because by doing so lymphatic vessels lying on this fascia, which might become infected, are also removed, and partly in order to lay bare a very vascular surface on which to lay the grafts. The grafts consist of half the thickness of the skin as advised by Thiersch, because the chances of adhesion are greater. The skin having been well purified, long strips, about an inch in breadth, are cut with a long razor, preferably from the thigh, and are spread out on the raw surface, after the bleeding has been completely arrested. The strips must lie closely side by side—in fact, they should rather overlap each other and the edges of the wound. The extent of the wound to be covered at the time of operation will depend on the condition of the patient and the circumstances of the case. In any case it will always be best to cover the whole of the pectoralis at once. If it is not thought advisable to cover the whole of the wound at the time of the operation, any portion left can be readily grafted after the wound is granulating.—*Lancet.*

Allopathy from a Pathological Standpoint.

Allopathy being characterized by a cephalic hyperplasia, may be classed under the head of tumors, and, like all tumors, its malignancy depends upon its type. So long as it remains homologous, and encapsulated within the walls of its institutions it is quite benign, but owing to its tendency to invade the surrounding public, it becomes heterologous at times and one of the most malignant evils of the day.

Etiology: Predisposing and exciting.

Heredity is an important factor, being communicated from father to son. Age: Old fogies rather than young intellectual adults, and most likely Cohnheim's theory—being an embryonic remains of Hippocrates' teachings.

As an exciting cause, jealousy and envy seem to produce an active outbreak.

Seats: In old degenerated countries, and locally where there is a diminished popular resistance due to intellectual degeneration, or want of educational facilities.

Histologically it consists of an overgrowth of missed directed energy.

COURSE: From its great size it interferes mechanically with the functional activity of society in general, and science in particular. From pressure it tends to produce a stasis in the current of scientific medical facts.

The political centers are frequently irritated, producing symptoms of corruption. At times emboli are swept off and carried in the political stream to some state or town, which is too small to allow it to pass, and here, also, intellectual development may be so low that resistance will be impossible, when a most malignant growth results, producing Necrosis and severe congestion, with marked hypertrophy of the localized cemeteries. A whole state may thus degenerate into one vast cemetery, and thus infect the surrounding states.

But the greatest danger to be feared is the possibility of an embolus being carried by the political current to the cerebral centers at Washington, and then form a thrombus, which would inevitably paralyze all intellectual liberty and personal rights.

Terminations: Resolution may take place by atrophy; the tumor may break down, liquify and be absorbed; or, may become more highly organized by a predominant Homœopathic stroma squeezing upon the embryonic cells of Hippocrates, thus causing their atrophy, and finally their complete extermination. The last method seems the most probable termination, and conforms with the latest researches in the Old School Materia Medica.

Prognosis favorable. Harmless, if watched. Treatment: Education and scientific medical investigations are specific. L. C. W.

The ratio of deaf mutes to the hearing is as 1 to 1,600, so there are over forty thousand in the United States and about one million in the world.

WORTH KNOWING.

The vaginal mucous membrane has but feeble absorbing power, while the uterine mucous membrane possesses that power to a very high degree.

Any irritation at the neck of the biadder is felt at the end of the penis, and vice versa, any irritation at the end of the penis affects the neck of the bladder.

Magnesia phosphorica is recommended by several for neuralgic affections of a reflex character, suggestive of cimicifuga. These pains are sharp, sudden in their coming and going, are relieved by heat and pressure, and are accompanied by prostation and night sweats.—*Hom. News.*

The influence of Belladona, through the nervous system, is upon the capillary ciculation as a stimulant. It is an equalizer circulation. Dull eyes, dilated pupils, and a drowsy condition of the patient are the symptoms specifically indicating this remedy.

Ipecac is a valuable remedy for irritation of the stomach, and an almost indispensable remedy in many cases of cholera-infantum. The 1x dilution ten drops in four tablespoonfuls of water, and teaspoonful doses, given every 15, 30, 60 minutes, work like a charm.

It is a mistake to remove only the testicles, in tuberculosis of those organs, since fistulæ and abscesses often extend along the spermadic cords after castration. It is therefore necessary to extirpate not only the testicle but also the corresponding **vas deferens and** seminal vesicle.

An aseptic operation is one free from putrefactive agents, and which is performed with surgical cleanliness; while an antiseptic operation is performed with the additional precaution of using chemical agents which have the power of preventing or retarding the development of bacteria.

The old belief that vaccination sometimes affords relief from, or entirely checks the progress of, an attack of whooping cough, receives additional clinical evidence in its support from the paper of Dr. Cachago. In five extremely severe cases of whooping cough immediate relief was afforded as soon as the febrile symptoms of vaccinia appeared, and the whole character of the cases was modified and greatly ameliorated.

Natural gas is shown by analysis to contain in every 100 parts, carbonic acid and carbonic oxide 0.6 each, oxygen 0.8, olefiant gas 1, ethylic hydride 5, marsh gas 67, hydrogen 22, nitrogen 3.

A diluted tincture of Thuja occ. injected into the tunica vaginalis testis is of great service in hydrocele. If well injected and squeezed into every part of the sac, this will soon be obliterated, and the effusion will not return. Injections of Thuja into hemorrhoidal tumors promotes their destruction with more certainty and less danger than carbolic acid. —*Dr. Howe.*

Comparing the mortality tables of men exposed to the temptation of frequent nipping with those of men not similarly exposed, the result is startling in the extreme, more particularly as regards the proportion of liver diseases. For it would appear that the rate of mortality is six times greater among those whose business is practically inseparable from nipping than among those representing all other industries together.—*Dr. Harley.*

Dilatation of the sphincter ani is the best treatment for chronic constipation. In practising the manipulations proceed gradually, both as regards the duration of the sitting and the amount of force exerted. Attention should be paid during the dilatation to the rythmical contractions of the sphincter, which are partly provoked by the respiratory movements and partly result from automatic reflex nervous influences. In most cases considerable improvement was manifested even after eight or ten sittings. Although previously large doses of purgatives were required, defecation soon became regular, and small hemorrhodal nodules disappeared.—*Dr. Beer.*

An Experimental observation of thirty-eight boys of all classes of society and of avererage health, who have been using tobacco for periods ranging from two months to two years, has recently been recorded by *Science.* Twenty-seven showed injury to the constitution and insufficient growth; thirty-two showed the existence of irregularities in the heart's action, disordered stomach, cough, and a craving for alcohol; thirteen had intermittency of the pulse, and one had consumption. After they had abandoned the use of tobacco, within six months' time one-half were free from all their former symptoms, and the remainder had recovered by the end of the year.—*Boston Herald.*

Small cystic tumors are successfully treated by injections of chloride of zinc. A one-tenth per cent. solution is employed, of which 0.2 to 1.5 c. cm. are injected into the cyst. In cases of extensive tumors of the sheaths of the tendons, as, for example, on the back of the hand, several injections are made at the most prominent places. The procedure is almost painless. The cysts after injection become at first hard and then softer; they disappear almost completely in four or five weeks. Sometimes the injection must be repeated. The operation is sometimes followed by œdema and slight hyperæmia of the surrounding skin, which are best treated by wet compresses.

The less babies are talked to and noticed the first year the better. All success in training them, indeed, depends on this calm letting them alone, leaving the neves unwrought upon, and allowing the little frame time to become accustomed to the strain upon it of acquaintance with this restless, rioting world of ours.

There is also great wisdom in continuing this kind of wholesome neglect through childhood and youth. People are afraid their children will be dull and backward if they are not excited to forwardness. There may be instances of this need, but they are certainly very rare in the present generation. The bane of the age is a stimulated and chronic puerility of unreflecting gabble and shallow sentiment.

Warm baths, as is well known, produce a calming effect, and tend to bring on sleep, and Alldorfer has attempted to apply such a method in patients where a sedative effect is desired and yet where a bath is inapplicable. His method consists in wrapping the lumbar region and belly with linen cloths soaked in warm water, and then covering them with oiled silk or rubber cloth, so as to prevent evaporation, while the whole is kept in place and loss of heat prevented by a flannel cloth. This procedure is of ready performance, and the author says that by this simple means he has obtained the most astonishing results in the treatment of insomnia. By dilating the large vessels of the intestinal tract, by the warmth applied, a condition of anæmia of the brain is produced, favoring sleep. These large intestinal vessels have very properly been termed the waste-gates of the circulatory system.—*Jour. de Med. de Paris.*

COLLEGE NOTES.

PHILADELPHIA.

HAHNEMANN MEDICAL COLLEGE.

Dr. O. S. Haines says :—Wry-neck may be a symptom of caries of the vertebra. Lacnanthes is especially indicated in simple torticollis, where the pains are ameliorated by rest.

Prof. Goodno says :—The medicinal treatment of follicular tonsillitis is often too slow, and often fails. The Galvano-cautery cures very quickly; use the brush over the tonsil; a four per cent. solution of cocaine two or three times; then apply the cautery.

In parenchymatous tonsillitis, or quinsy, it is very important to carry on the treatment after the attack, and especially in such weather as acts as exciting cause, using such remedies as have been found useful during an attack. Excellent results have followed from the use of Baryta iod.

In follicular pharyngitis (clergymen's sore throat), do not overlook the third tonsil. In many cases it should be destroyed by the use of the galvano-cautery.

Prof. Mohr says:—When water is properly used it promotes digestion, improves the blood, may produce adipose, and stimulates the kidneys.

Experience shows that excepting mother's milk cow's milk is the very best food for babies, diluted according to age:

One to two months, diluted with ¾ the quantity of boiling water, 1–2 ounces every two hours.

Two to four months, diluted with ½ the quantity of boiling water, 2–4 ounces every three hours.

Five to eight months, diluted with ¼ the quantity of boiling water, 5–8 ounces every three hours.

Eight to twelve months, undiluted, 4–6 ounces every four hours.

Add to above a small quantity of salt and sac lac. Temperature should be 95° Fahr.

A glass of hot milk, taken before retiring, will frequently relieve the night-cough of wasting diseases.

The inner lining of a chicken's gizzard, called Ingluvin, is excellent for the nausea of a pregnant woman.

In parts of Germany the grape cure is used for the treatment of consumption of the lungs: One pound of grapes is given the patient every six hours, and the quantity gradually increased until the maximum is eight pounds daily, and continued for a period of six weeks. It is also necessary to give some nitrogenous food, such as bread and water.

Prof. James says:—A boil or furuncle should be thoroughly incised, the incision large enough to allow the core to escape. Syringe and remove the core; hot fomentations. Use absorbent cotton or iodoform gauze and peroxide of hydrogen; Kali Permanganate, in a wine-colored solution, one teaspoonful every two or three hours for several days, as a prophylactic. It seems to change a "Furuncular Diathesis."

Dr. Van Lennep says:—The following aphorisms are of service in the treatment of compound fractures :

1st.—Set and dress early;
2d.—No preliminary bandage;
3d.—Temporary dressings are exceptional;
4th.—Immobilize ends and adjacent joints;
5th.—Pad your splints well, especially over projections;
6th.—Bandage snugly, but allow for swelling.
7th.—Leave fingers and toes free, and tell family to watch, as well as yourself;
8th.—Comfort of the patient is the best guide;
9th.—See your patient early and often;
10th—Do not re-dress often;
11th.—Passive motion in two to four weeks; late, if not near joint; early, if near joint or tendons.

Prof. Mitchell says:—For sore nipples, a saturated solution of alum in alcohol or cologne water, bathing them two or three times daily, will accomplish good results.

He has found Aletris tincture, 2–3 gtt. doses, exceedingly efficacious in the nausea and vomiting of pregnancy. The examination of the crevix for possible ulceration should not be overlooked. In many cases resting the stomach and feeding per rectum serves a good purpose.

BOSTON.

UNIVERSITY SCHOOL OF MEDICINE.

Prof. Sutherland says:—It is quite time that science set about reclaiming to herself the field of maternal impressions, by the processes of exact investigation, comparison and experimentation, which are quite as applicable here

as elsewhere. Do "maternal impressions," as commonly understood, actually exist? Can the unborn child be affected through the mother by influences operative only during the period of pregnancy, and not referable to hereditary transmission? The appeal to embryology for an explanation of the mystery is not followed by particularly satisfactory results. We find repeatedly attributed to maternal impressions, cases whose duplicates are very common accidents, where no impression can be hunted up to account for them; as, for instance, cases of hare-lip and cleft palate. Does not the existence of such suggest a search for some other cause than maternal impressions? We seek to decide nothing, but we plead with investigators to turn the light of exact scientific inquiry on this unreclaimed field.

Prof. J. Heber Smith says:—Agaricus has given relief in writer's cramp, and it is often indicated for the general nervous condition accompanying or causing it.

The carriage of the body upon the sacrum is an important indication of the strength of the patient.

Spinal curvature and various deformities would seem due more to faulty diet than to heredity, in very many instances.

Calcarea carb., Sulphur and Mercurius follow Antimonium crud. well. In following one remedy with another, bear in mind that the last symptom appearing is of prime importance in selecting the remedy, and is usually the first to disappear; therefore, be guided by the earlier symptoms in the selection of the remedies to follow.

The Tartar emetic patient is often nauseated by sweets, even by the homœopathic globules, so give this remedy in solution, especially to infants.

One can check nearly all cases of cholera infantum in warm weather with Tartar emetic, Veratrum alb. or Croton tig., given in the beginning of the attack. Arsenic, if the symptoms resist these remedies, is of great value. Do not try to nourish the little patient during the first twenty-four hours, except with hot water and a little gum-arabic, and for the next two days give no milk. Mellin's food, or some such preparation is better.

The old school, I will not be so unkind as to say has blundered, but has empirically alighted upon the fact that Asafœtida is excellent for one profoundly prostrated by sunstroke, and in consequence having flatulent dyspepsia.

I believe alcoholic dilutions of Aurum to be without medicinal power. I never got a single result from my alcoholic Aurum or other metals. In the third or fourth year of practice I began to use the triturations of the metals, prepared from precipitates, and good results immediately followed.

CLEVELAND, OHIO.

CLEVELAND MEDICAL COLLEGE.

Prof. Jones says:—Out of 100 cases of pericarditis I should say that seventy-five would be traceable to articular rheumatism.

In forty-nine cases out of fifty, if the child "bark" before the formation of a membrane, the case is one of croup.

Whenever, in a case of chronic bronchitis, you get a profuse, watery expectoration, ale ways think of tuberculosis.

You cannot cure a case of chronic bronchitis and allow the patient to continue the use of opium in any form—cough syrups, etc.

Never treat a case of heart disease without examining the lungs, both at the base and posteriorly, as in these cases there is generally more or less infiltration.

My experience is that patients who havsuffered from endocarditis die from the secondary effects,—most frequently from lung involvement; then, from effects on the kidneys; next, from brain implication.

As a remedy for endocarditis, Bryonia is called for, in this climate, five times where Rhus tox. is indicated once. However, Rhus is indicated in a few cases; and, after the acute stage has been overcome by Aconite, and the general indications are for Rhus, give it regardless of the purely cardiac symptoms.

Differentiate between pericarditis and endocarditis in this way: In pericarditis you can, at some point over the anterior cardiac region, hear both sounds of the heart; in endocarditis the valvular murmur will obscure one of these sounds, or take its place,—the first sound if the mitral or tricuspid valves be affected, and the second if the aortic or pulmonary valves be involved.

Prof. Schneider says:—Many cases of simple vulvitis will run their course in a few days, and get well without any medication, if the parts are kept clean, and free from irritation. Yet, as you are expected to do something medically, you will find that a lotion of equal parts of Hydrastis and glycerine, using one teaspoonful of this to a pint of hot water, will

be all that is necessary in many cases. Internally Arsenicum is almost a specific for simple vulvitis.

Cantharis and Cannabis sativa are very closely related in their pathogeneses. Both bear a definite relation to specific vaginitis. They may be differentiated in this, that Cantharis has terrible tenesmus vesici; Cannabis sativa, engorgement of the blood vessels.

In diseases of the endometrium and of the small intestine, the pulse is a safer guide than the temperature.

Prof. Kraft says:—Water typifies the action of Veratrum album upon the blood, it being separated into its primary constituents; and since blood is seventy-eight per cent water, we get water rather than blood circulating through the vascular system. This watery condition of the blood finds expression in such symptoms as coldness, blueness, and the simultaneous existence of vomiting, diarrhœa, and perspiration.

Lachesis acts upon the cerebro-spinal nervous system, and through this it causes great muscular trembling, which, when seen in the tongue of the typhoid fever patient, should remind us of this remedy. In this sphere, also, we find it a most wonderful remedy for climacteric headache—stands at the head of the list for this affection.

Dr. Merrick says:—Dentition is never the cause of any serious or continued illness: it is a physiological and not a pathological process, and should cause no more disturbance than the growth of any other bone. There may be a few restless nights, some nervous irritability, a slight enteric disturbance connected reflexly with the process, but thrush, stomatitis, bronchitis, entero-colitis, paralysis, marasmus, and meningitis are not symptoms of dentition. They may coexist with dentition; yet they are not evidences of this process.

Prof. Baxter says:—Baptisia has acquired a great reputation as a remedy for typhoid fever; but, I think, undeservedly so. I have honestly tried it in a number of cases; but, on carefully studying the cases, have found some other remedy more truly indicated. Yet the typhoid condition of this remedy is said to be: Dry mouth, tongue coated brown, abdomen tender, especially in ilio-cæcal region; stool watery, dark and extremely fetid; mentally he has delirium pertaining to himself—forgets in the middle of a sentence; thinks he is two persons, imagining his double to be in bed with him; has a "scattered-about" feeling, one part of his body here, another there.

Caulophyllum is frequently given as a preparation for approaching labor. It is believed to allay muscular irritation and remove any rheumatic tendency which would make labor more difficult. Previous difficult labors indicate its use, and it should be given during the last four to six weeks of gestation. It will render labor easier and more rapid, and, for this purpose, it has served me well.

Mercurius has, contrary to the general idea, itching eruptions with the peculiar and apparently contradictory aggravations from cold, wet weather and warmth of bed. The latter is not so marked as with Sulphur.

Prof. Viets says:—The single symptom of gradually failing sight, which, however, is better toward evening and on cloudy days, is almost pathognomonic of developing cataract.

Prof. Miller says:—All operations for stricture of the urethra posterior to the triangular ligament should be made by external urethrotomy through the perineum, so as to provide for free drainage.

By far the larger number of joint inflammations are grafted upon a disease tendency through the exciting agency of some traumatic influence, and my experience is that such inflammatory processes usually begin in the synovial membrane. In treating a simple synovitis you should remember that the power of absorption is still very great, and first endeavor to assist nature in taking up the hypersecretion by judiciously immobolizing the part. Failing in this, aspirate.

Prof. Jewett says:—To support a retroverted or retroflexed uterus I find wool, lamb's wool, to be the better packing. I never use absorbent cotton.

Dysuria is often the first symptom of pregnancy, and, when a young married woman complaining of this consults me, I always think of pregnancy. Such dysuria is caused by the gravid uterus pressing upon the urethra.

The large number of remedies recommended for hyperemesis proves the difficulty, or even futility of successful medication in this dread condition. However, both schools of medicine agree that drop doses of the tincture of nux vomica gives better results than any other remedy. Yet I find constitutional treatment, in many cases, the more successful. A careful study of the patient herself, and of

her family history, shows me that this condition often has its foundation in some dyscrasia; and, by treating this predisposition to disease with such remedies as Sulphur, Silicea and Calcarea, in the high attenuations, and as they may be indicated, I get more satisfactory results.

Dr. Martin says:—If, in phimosis, there be redundancy of tissue—an elongated, pendant foreskin—circumcise. If the phimosis be due to adhesion of the prepuce to the glans penis, dissect it therefrom with a blunt probe. In congenital phimosis from short and inelastic frenum, snip the frenum, making sure that you entirely sever the artery which supplies the frenum; there will be but little, if any, hemorrhage. If the phimosis be due to a contracted preputial orifice, without redundancy of tissue or adhesions between the prepuce and the glans, stretch the prepuce, rupturing it if necessary, and, failing in this, slit it.

ST. LOUIS.

HOMŒOPATHIC COLLEGE OF MISSOURI.

Dr. Richardson says:—Never be arbitrary with a patient in the first stage of labor. Let her do as she likes—go to bed or walk about. Don't make frequent examinations, as they are unnecessary and may cause dry labor. This stage generally takes up two-thirds of the time of the labor.

One of the most wonderful things to overcome suspended animation in a new-born child is dilation of the internal sphincter of the rectum.

In case of retained placenta never take hold of the cord and wind it about the hand and pull hard; but, on the other hand, don't be afraid to pull gently, because the placenta may be simply lodged on the way down after its detachment from the walls of the uterus.

Dr. Morgan says:—In case of external hemorrhage' don't try to stop it with hot water. It can't be done, because the great supply of nerves to the skin makes it impossible to use the water hot enough. Persulphate of iron will promote coagulation of the blood, but will remain in the clot and interfere with the union of the surfaces. Treat with cold compression or ligation.

A sudden loss of blood is far worse than slow bleeding.

Anæmia of the extremities does not affect life immediately. Anæmia of the brain is dangerous. Get the head down lower than the body; bandage the limbs from the toes to the body to drive the blood out of the extremities to the support of the brain.

A never-failing treatment of nose bleed is plugging from the front. Spread cotton out in a long compress over the floor of the nostril and then take your probe and crowd the compress well into the back of the nostril. When the first compress is well wedged up, take another and another till the nostril is packed. In plugging from the front you take advantage of the wedge-shape of the nostril, and the compress does not fall down if unsupported as it does in plugging behind. You can also know better the size of the cavity to be filled In fact, it is altogether more simple and efficient.

In hemorrhage from the stomach or ilium, there is nothing so good as powdered charcoal; give as much as you can get into the patient.

Dr. Harns says:—Acute catarrh would get well without medical treatment if the patient would stay in an even temperature. Gelsemium is a great remedy in this section of the country, and is indicated by the severe muscular pains in the back and a headache that goes from back to front.

There is no other disease outside of disease of the brain itself, that so incapacitates one for mental labor as chronic catarrh. Iodide of arsenic is of great value in epidemic catarrh—influenza. The indications are: emaciation; tissues swollen and flabby; puffy eyelids, discharge copious and thin, sometimes excoriating and frothy. Graphites is a valuable deep-acting remedy for chronic catarrh. It should be given in a high attenuation and not repeated often. Hydrastis should be given in the third. It is of benefit where there is the constant dropping of mucus into the posterior nares. There is no remedy more useful than Kali bich. given in the third to sixth. It is indicated by tough, stringy mucus; severe pain across the bridge of the nose; constant sickness, chronic hoarseness; "chronic cold." Another useful remedy is Kali iod. The nose is red and very sensitive; has the appearance of a coming boil. There may be hard, red blotches over the face. The discharge is watery and excoriating. If there is a syphilitic history and the patient has already taken large doses of Kali iodide, do not administer it now; be careful of this.

Dr. Wilcox says.—In the treatment of a patient in confinement, who suffers from chronic metritis, care must be taken that she

has plenty of fresh air and a generous diet—not "slops." Sleep is very essential. The child should never be allowed to disturb the mother after twelve o'clock at night till the next morning. Hamamelis and whisky rubbed over the abdomen and back, after confinement, will tone up the muscles and promote contraction.

Dr. Campbell says:—Every child should have its eyes thorougly cleansed immediately after birth with a solution of Boracic acid, 10 gr. to oz., to avoid all possibility of ophthalmia neonatorum. This is a rapid and terrible disease that causes one-third of all life-long blindness. If due to contagion during birth, and the eyes not treatedwith Boracic acid, itwill appear from twelve to seventy-two hours after birth It may affect one or both eyes. At first there is a slight discharge that is mucopurulent, then pus is poured out profusely; the eyes become red and swollen, and, in bad cases, may stick out and look like eggs.

If only one eye is affected, seal up the unaffected eye with a piece of rubber adhesive plaster stuck over the brow, nose and lower cheek. Leave it open on the outer lower side of the cheek, so the air can get under, and it can be examined. Cleanliness is the great point. The patient should have a special nurse, so that it may not be neglected one moment.

An eye may be lost in thirty-six hours in gonorrhœal cases.

Never use cloths nor sponges about infectious eyes. Always use absorbent cotton, and burn it immediately. Protect your own eyes by protective glasses. The new mica glasses are light and pleasant to wear, and afford complete protection.

Dr. Edmonds says:—Leucorrhœa is generally very unsatisfactory to treat. It is apt to return and the form that comes from gonorrhœa is never cured. Local treatment is of more importance than the internal remedy. Hot water is the best thing. Use as large a syringe as can be gotten into the vagina, so that the walls will be spread and disperse the rugæ, and the hot water will come in contact with all parts of the mucous membrane.

Dr. McElwee says:—When you have a patient who seems to have a phosphorus cough, with a sulphur diarrhœa, give Rumex, and it will cure the case.

Dr. Reed says:—Give Calcarea fluoricum for an apparently Rhus tox. condition when Rhus does not cure.

Calcarea phos. is a great remedy for schoolgirl headache; uneasy, restless; not satisfied at home nor away from home. Headache with diarrhœa. Headache increased by cold cloth to the head.

Dr. Counzleman says:—Antimonium tart. comes later than Ipecac in its action on the respiratory tract. With old people there is a sensation of a cupful of mucus in the throat. Small children attempt to nurse, and are obliged to stop for want of breath. Sepia patients are unable to digest milk. Sepia has a cough in the morning, with profuse expectoration of green, purulant matter. Sepia is more often indicated than any other remedy for ring-worm. A striking symptom of sepia is that all its pains run upward.

MINNEAPOLIS.

UNIVERSITY OF MINNESOTA.

Prof. W. E. Leonard says:—More than one-half of the patients who come to you with a lumbar backache, will tell you they think they have some kidney trouble. Upon questioning them closely, perhaps going so far as to examine the urine, you will find simply a lumbago which Nux or Rhus will cure.

The Nux backache is worse as he lies in bed at night; the longer he lies the worse it aches; it is so bad that he cannot turn over without sitting up. This is probably a myalgia of the thick muscles along the spine.

In Rhus you will be able to find some history of the severe sprain of these muscles; he is worse on first attempting to stoop or lift, when about his work, but limbers up as he keeps on trying; it is relieved by pressing the back against a chair or lying down.

When, however, you are satisfied that there is real inflammation of the kidneys, with severe lumbar backache, your remedy will probably be Berberis.

Such a patient has much numbness, stiffness and lameness in that region, extending into the lower limbs; he cannot rise from his seat without much difficulty; he has constant pressure and tension over the kidneys. The Berberis backache is never spinal, nor purely muscular, but venal in its origin.

Prof. Matchan says:—Calcarea phosphorica 6x, has caused absorption of exostoses of idiopathic origin, in two cases under my observation.

Prof. Beaumont says:—As a local application in granular lids, fluid Hydrastis diluted half is excellent.

Prof. Aldrich says:—In cases of hyperidrosis, in addition to the indicated homœopathic remedy, use lotions of carbolic acid, or bichloride of Mercury, or astringent lotions, or unguents of various forms. A case recently reported from Stockholm was notable in that the excessive sweating was located on the face only, and developed during eating or drinking. Notable because this affection is more frequently observed to affect the axillaæ, hands, feet and genital region. Taunin applied in the form of an unguent was curative. Another peculiarity of the case was that it was undoubtedly due to the excessive use of salt fish as a food.

Kentucky.

As in our own State, so in Kentucky, the homœopathic physicians are making active efforts to induce the Legislature to give them medical charge of one of the Insane Asylums. Dr. Sarah J. Milsop, of Bowling Green, is circulating a petition in her parish, and obtaining numerous signatures, even from those who are not patrons of homœopathy.

THE Homœopathic physicians of La Salle and adjoining counties held their second semi-annual meeting at Streator, Ill., Jan. 12. Owing to its being a very busy time from the widespread prevalence of influenza, there was a light attendance. A number of interesting papers were read and discussed. The next meeting will be held Nov. 15, '92.

The Shurley-Gibbes Remedies.

A supply of the Iodine and Chloride of gold used in the Shurley-Gibbes method of the treatment of phthisis can be obtained from Parke, Davis & Co., Detroit Mich.; Sharp & Dohrne, Baltimore, Md.; Truax & Co., Chicago, or from any homœopathic pharmacy.

DR. JOHN H. CLARKE, editor of the *Homœopathic World*, London, has moved to 30 Clarges St., W., Piccadilly.

An old jack-plane set deep is a most excellent thing with which to shave ice. It should be turned bottom upward, and the ice shoved backward and forward over the cutter.

Eugene Oatley, M. D.

Resolutions adopted by the Hahnemannian Medical Institute, of the Hahnemann Medical College of Philadelphia, upon the death of Professor Eugene Oatley, late professor of chemistry in the above named college:

Whereas, The Almighty, in His all-wise providence, has removed one of our number from our midst, and, while we bow down in humble submission to his will, be it

Resolved, That this college has lost a valuable professor, a teacher whom we all had learned to love; the profession, a man who cannot be replaced; the Institute, a friend, a member and an earnest worker

Resolved, That the members of the Institute sincerely regret and deeply mourn the loss of so valuable a member as Dr. Oatley.

Resolved, That a copy of these resolutions be inserted in the minutes of the Institute, in the *Hahnemannian Monthly* and MEDICAL ERA, and that a copy be sent to the family of the deceased.

Committee { C. R. PALMER, '93, WM. N. LEEDOM, '92, G. A. VAN LENNEP, '94.

ANNOUNCEMENT.—E. B. Treat, Publisher, New York, has in press for early publication the 1892 *International Medical Annual*, being being the tenth yearly issue of this deservedly popular work.

Its corps of thirty-five editors are specialists in their respective departments, and have been selected from the brightest and best American, English and French authors.

It is the embodiment of what is worth preserving of the current medical journals of the world for the year, and will contain over 6,000 references to diseases and their remedies.

The service rendered the profession by this Annual cannot be over-estimated, and it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge.

This Index of New Remedies and Dictionary of New Treatment, epitomized in one ready reference volume at the low price of $2.75, makes it a desirable investment for the busy practitioner, student and chemist.

THE Drevet Manufacturing Co. has moved its factory from 10 W. 4th St., to 28 Prince St., New York City.

THE MEDICAL ERA

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CH. GATCHELL, M. D., *Ann Arbor. Mich.*

PERSONALS.

DR. A. S. COUCH, of Fredonia, N. Y., has een elected president of the State Board of Medical Examiners, recently organized under he new law. The Board is made up of representatives of the three schools of medicine. At the first meeting, which was held at Albany, January 15, seventeen of the twenty- ne members were present.

DR. N. EMMONS PAINE has resigned his osition of Superintendent of the Westborough (Mass.) Insane Hospital, to take effect February 1st. He has bought a fine estate n West Newton, nine miles from Boston, on he B. & A. R. R., consisting of a residence, tc., surrounded by twelve acres of ground, n an eminence with a fine outlook. After a ouple of months of repairing in the house, e will be prepared to receive a few cases of nsanity of the best class of private patients, who desire homœopathic treatment. He has een led to take this step, after nearly seven years' residence at Westborough, by the frequent applications from other States for the admission of patients whom it was necessary o refuse on account of the opposition of the State authorities, who thought Massachusetts State institutions should be limited to Massachusetts patients.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—Instructions thorough in all departments, embracing a three-years graded course of Didactic and Clinical Lectures, with practical work in Laboratory, Dispensary and Dissecting Room. Regular Clinics from every practical chair. Students are required to operate on the cadaver. For catalogue, etc., address

WM. C. RICHARDSON, M. D., Dean,
3913 North 11th str., St. Louis, Mo.

Transactions of the Congress.

The transactions of the fourth International Homœopathic Congress, and of the forty-fourth session of the American Institute of Homœopathy, will be issued about the first of February, in a single volume of some 1,150 pages, octavo, and handsomely bound in cloth, similar in style to the recent publications of the Institute. The delay in issuing the work was due to the unusual amount of editorial and mechanical labor involved. Copies will be promptly mailed to all Institute members not in arrears, and to all foreign physicians who contributed in any way to the success of the Congress; besides which, the usual copies will be sent to the homœopathic journals and colleges, and to the public libraries designated by the Institute. It is requested that any homœopathic journal in the world failing to receive a copy will notify the undersigned.

After retaining copies sufficient to supply the Institute membership, etc., there will be some twenty-five or fifty copies left over. These the Executive Committee will offer for sale at seven dollars each. Purchasers will please remit the amount to the Treasurer, Dr. T. Franklin Smith, 264 Lenox Ave., New York City, and the book will be forwarded by mail, postage free.

PEMBERTON DUDLEY, M. D.,
General Secretary A. I. H., 15th and Master Sts., Philadelphia, Pa.

NOTICE.—Near the head of this page there has been for two years past a standing notice which says: "The ERA receives no subscriptions through pharmacies, agencies or other journals. *No exception to this rule will be made.*" Notwithstanding this notice several subscribers have sent renewals through agencies. In every such instance we have returned the money to the agency and stricken the subscriber's name from our list. The notice means just what it says.

FREE SITES FOR SANITARIUMS.

In Nature's Great Sanitarium, Northeastern New Mexico, given to responsible parties under reasonable conditions. Write to

COMMERCIAL CLUB,
East Las Vegas, N. M.

Happy and content is a home with "The Rochester," a lamp with the light of the morning. *For Catalogue, write Rochester Lamp Co., New York.*

THEY SAY

THAT the perfumer is a man of good scents.

THAT teamsters do not always turn out well.

THAT physicians of all schools now bleed their patients.

THAT man never needs half as much as he prays for.

THAT a prevaricator is a liar who weighs more than you do.

THAT the maternity hospital opened with a "charity bawl."

THAT it's a waste of time to air opinions that need fumigation.

THAT a horrible astrological combination is cancer in uranus.

THAT a baby is a mite of a thing that requires a mighty lot of attention.

THAT it is the man who cannot write who makes his mark in the world.

THAT the devil has never been bothered much about how to reach the masses.

THAT whisky may tangle a man all up, but in the end it will entirely undo him.

THAT it does not make meanness one whit better to baptize it and call it religion.

THAT a liquid may be very musical, but it is not half so stimulating as a "smile."

THAT coal will remain black, and there is no use attempting to screen its character.

THAT people wouldn't borrow so much trouble if they always had to put up the collateral.

THAT no man is wise enough to keep his eyes away from the keyhole of his skeleton closet.

THAT if you give a dipsomaniac a large dose of strychnine he will never get drunk any more.

THAT the man who loves his neighbor as himself always keeps a lock on the chicken-coop door.

THAT it is easier to judge of a man's character by trading horses with him than by hearing him talk in prayer-meeting.

THAT some persons who are familiar with many languages are yet not acquainted with one.

THAT man spends his life in hunting temptations in order to show how strong he is to avoid them.

THAT a bear never knows until he is muzzled how many people there are who are not afraid of bears.

THAT five things are essential to success in life; one is a good wife, and the four others are money.

THAT the man who says he would have done the thing differently if he had been there, never gets there.

THAT there are two kinds of fools in the world, those who make fools of themselves, and those who don't have to.

THAT man has not yet learned to love his neighbor as himself, but takes a greater interest in his private affairs.

THAT most men tell secrets in order to prove that they have been considered trustworthy in having been told them.

THAT a man in Baltimore has Ben Franklin's kite, but he is excelled by a man in New Jersey who has Adam's apple.

THAT when a man gets a fit of trying to see how economical he can be, he generally begins with his wife's expenses.

THAT one of the paradoxes of life is that the busy man and the man with nothing to do are often envious of each other.

THAT whenever you stop to inquire whether a thing is right or wrong you may conclude that it is pretty sure to be wrong.

THAT we don't fancy the style of engraving on the new silver dollar but they will be received in payment of subscriptions just the same.

THAT Justice is blind, but she has pretty good eyesight compared to the man who goes to law with the expectation that he will always get justice

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. X. CHICAGO, MARCH, 1892. No. 3.

CH. GATCHELL, M.D., EDITOR.

"THE ONE TRUE, SEVERE UNITY," OR A MEDICAL OFFICER IN THE PRESIDENT'S CABINET.

In petitioning Congress to create a cabinet officer to be known as Medical Secretary of Public Health, the American Medical Association says: "The question may arise with "some persons, whether such a department "would subserve the interests of any partic- "ular school?" From the document it does not appear that the American Medical Association has in mind any particular persons with whom such a question might arise. It may be not impertinent in the ERA to confirm the American Medical Association in the impression that such a question "may arise with some persons." Among such persons are perhaps fourteen thousand physicians who are homœopathists; then, too, there is that innumerable host of enlightened American citizens who have come to believe in homœopathy—some by reason of an intelligent understanding of the principle of homœopathy—some by a study of medical statistics for the past hundred years—and some by reason of personal observation of practice in their families under old school methods, and later under the light of *similia*. The American Medical Association may be assured that the question will arise with some persons, and with some has already arisen, "whether such a department "would subserve the interests of any partic- "ular school."

The American Medical Association having raised this question says: "We respectfully "reply that amid all the apparent disparity "in medical practice, there is one true, severe "unity, and to attain this all true physicians "are continually striving." The disparity in medical practice is evident; but not so evident is the "one true, severy unity" amid this disparity. We know not what is this "one true, severe unity," and we suspect that neither does Congress. It is true that a "severe unity" of opinions obtains in the American Medical Association to the effect that homœopathy is nonsense and that no stone should be left unturned in efforts to crush homœopathy out of existence,—it is true that a "severe unity" of opinion obtains in that body to the effect that among "all true physicians" not a single homœopathist is to be numbered; but we do not suppose that the American Medical Association is attempting, in behalf of this petition, to fix the attention of Congress upon the "severe unity" of sentiment which has characterized all deeds and words of the old school as a body upon the subject of homœopathy and homœopathists.

Will the American Medical Association (unless it believe that "speech was given to man to conceal his thoughts") be kind enough to tell Congress and the MEDICAL ERA what is "the one true, severe unity" amid all the apparent disparity in medical practice—"the one true, severe unity" to attain which "all true physicians are continually striving"?

DOCTOR MEPHISTOPHELES.

Here is a good thing for physicians to learn.

In New York State a decision has been rendered by the Supreme Court which may

be of service to some members of the profession. A certain Dr. Cruikshank treated the child of a certain Mr. Gordon. The treatment was unsuccessful. There is nothing singular in this; we may all recall instances of the kind in our own practice.

Mr. Gordon changed doctors. After having done so he began to slander Dr. Cruikshank. He said: "He treated my child for malaria when it had another and entirely different disease. He nearly killed my child, and would have done so if another doctor had not been called in."

Dr. Cruikshank objected to this language, and by way of showing how much he objected to it he brought suit for slander. The jury gave him a verdict for $1,600 damages, and the verdict was confirmed by the Supreme Court of the State. The Court further said that "the physician need not prove the damages sustained, but, the slanderous language being uttered, the damage resulting therefrom may be assumed."

There are a great many "Mr. Gordons" in the world, men who are too quick to defame the doctor who has been succeeded by another doctor. It is well enough for the members of the profession to protect themselves in such cases, and this New York decision shows how it can be done.

But after you have won your suit and recovered your damages, it would be well enough to send your card to the doctor who "succeeded" you, and call him out, for in nine cases in ten his name is—

Doctor Mephistopheles.

"*ELECTRO-HOMEOPATHY.*"

In nothing is Chicago behind the rest of the world. It has its post-graduate school, its Pasteur Institute, its World's Fair, its three homœopathic colleges, and at last it is supplied with an agency for the sale of the only genuine "Electro-Homeopathic Remedies." Count Cesare Mattei has invaded the *Urbs in Horto*. Here, at the "only agency in the United States," can be obtained the Count's famous preparations.

A flaring advertisement makes known to the public the fact that "electro-homeopathic" remedies can be obtained, for a proper consideration, at the office of a certain North-side doctor.

Through his agent the Italian Count has invaded our City, and we may now congratulate ourselves that saving grace is so near at hand.

ELECTRO-HOMEOPATHY,

The new, extraordinary, and successful healing art by

Count Cesare Mattei of Bologna.

The only Agency for the United States,

Homeopathic Institute,

Chicago, Ill.

Carries a complete stock of all genuine Electro-Homeopathic Remedies and Books, Family and Pocket Cases.

Another part of the advertisement admonishes the reader not to "give up hope until he has tried Electro-Homeopathy." Like all new panaceas, it is guaranteed to cure the previously incurable maladies, "cancer and consumption." No "new discovery" that won't cure "cancer and consumption" can lay claim to consideration on the part of an intelligent people.

Do not give up hope until you have tried Electro-Homeopathy,

which has been found so efficient in acute and especially in chronic diseases of every description. Cancer, consumption, catarrh, chronic rheumatism, diseases of women, nervous diseases, diseases of the eye, etc., etc., have been benefited and cured with these remedies, when everything else had failed. A family case ought to be kept in every house for emergencies and acute cases. Any one can apply and use the medicines.

We are pleased to be able to present to our readers a portrait of Count Cesare Mattei, the famous discoverer of "Electro-Homeopathy, a man who has provided our friends, the enemy, with enough mud to sling at homœopathy to keep them happy and busy through another cold winter.

What a pity that S. O. L. Potter did n't get hold of this!

AN INVITATION.

A few days since the MEDICAL ERA received a letter from Dr. C. STARR, of Beatrice, Neb., referring to the case of G. THORNSTEINSSON, of Gimli, to which attention was called in the October, 1891, ERA. DR. STARR says:

I will be one of five hundred physicians to raise a fund sufficient to send him to college.

Not long since DR. L. J. WORTHEN, of Paola, Kansas, wrote making a similar offer. A well known physician here in Chicago has said, "I will give five dollars towards it."

All of these offers have come to us spontaneously, without a suggestion or a word of solicitation.

While we realize what an undertaking it would be to carry this out, yet we are heartily in favor of it, and willing to do our share. Through the kindness of DR. T. L. BRADFORD, of Philadelphia, who first brought the case to the attention of the profession, as well as by means of investigations since made by ourselves, we are satisfied that the case is one of genuine merit. If there are enough others who are as willing as those who have already offered, it may be brought about. We would suggest that he be aided in getting a good start in the *College of Homœopathic Medicine and Surgery of the University of Minnesota*, which is the nearest one to the place in which he now lives.

Whatever may be done in this matter by the profession must be done promptly, and action must be spontaneous. Others who may take the interest in it already expressed by DRS. WORTHEN and STARR are invited to communicate with the ERA.

THE AMERICAN INSTITUTE.

Under the presidency of A. B. KINNE, M. D., the American Institute of Homœopathy will meet at Washington, D. C., June 13-17, 1892. This year's meeting will be of special importance, since many questions of vital interest to our school will be considered, and much will depend upon the action taken. Let every member attend.

OPINIONS EXPRESSED.

What a French doctor can't do with static electricity is unknown.—*Dr. Clevenger.*

Though we may hope some day to discover a law of dosage, no such law is at present known.—*Dr. Chas. S. Mack.*

If I have judged rightly, men prefer that you should give them facts at first hand, and let them draw their own conclusions as to their value.—*Dr. M. W. Van Denburg.*

Drunkards are people who drink whenever they find an opportunity for drinking; persons affected with inebriety are diseased, and drink only when the attack seizes them. —*M. Trelat.*

If Nations in the onward march of civilization have reached the age of reason in many things, it is certain that regarding medicine the majority of people have attained only to the stage of credulity.—*Dr. Geo. M. Dillow.*

The good dame of fifty years ago would show her ten or a dozen sons and daughters, the pride of her life, the hope of her future. Today we are shown one son or daughter and a *poodle*—often the latter the only hope of the family.—*Dr. H. D. Champlin.*

Whatever importance may attach to the scope and extent, the arrangement and convenience of the materia medica intended to serve as a guide for the practitioner of medicine, there is one quality of yet greater moment, and that is the genuineness of what are presented as drug effects.—*Dr. J. P. Dake.*

Besides being physicians we are also citizens with duties which are controlled by moral convictions and sentiments; these in my own mind, lead me to consider the killing of certain criminals as right within proper limits, which our laws most charitably and justly define.—*Dr. C. Wesselhœft.*

It cannot be denied that, far from unanimity of professional opinion regarding the dietary and therapeutic treatment of typhoid fever, there has rather been a tendency during the last ten or fifteen years to wider divergence in the choice of agents to meet supposed indications.—*Dr. C. F. Lehlbach.*

Homœopathy, while powerful for good in the North and West, has had to contend in the South against many adverse influences; yet, notwithstanding great opposition, its beneficent reign has rapidly extended, and, in consequence, the number of physicians of our school is totally inadequate to the demand. *Dr. H. R. Stout.*

ORIGINAL ARTICLES.

THE AMERICAN OPERATION; ITS HISTORY AND APPLICATION.

By E. H. PRATT, A. M., M. D., LL. D.,
CHICAGO, ILL.

[Read before the Chicago Academy of Homœopathic Physicians and Surgeons.]

THERE is one objection that I have to preparing the present paper, or in fact, any paper upon the subject of rectal surgery, and that is, I object to being termed a rectal specialist, and such papers as the present one have a tendency to place that professional stamp upon their author. Not that there is anything disreputable or in any way objectionable to the occupation of a rectal specialist, for there is no dirt in science, and one part of the human body is as clean and sacred to the pure-minded physician and surgeon as another part; and a rectal specialist, if he is a good one, is deserving of just as high a position in the ranks of the profession as the man who makes a special study of any other part of the human body. But my ambition is to be identified with professional work based upon orificial and not merely rectal principles. I have no objection whatever to being called an orificialist, because that term implies the recognition of the orificial philosophy. The American operation, however, is a subject of such great importance and it has been so little discussed that if you will promise not to brand me a "rectal specialist" in consequence of this paper I will present it to you for discussion.

In order to be doubly sure that there shall be no misunderstanding between us, please permit me as a preface to remind you of a few general truths. We live by tubes! All the activities of the body, from the sweat-glands of the skin to the alimentary canal, are conducted by tubular structures. The food and drink of the body pass into a tube; the juices which act upon it are conveyed along tubes; the blood flows through tubes; the lymph, the chyle, the bile, the urine, the very air we breathe all accomplish their purposes and seek their destination through tubular structures. Every one of these tubular structures has a muscular coat upon whose action the service of the tube depends. The muscles which compose these coats are all involuntary muscles, and are supplied universally by the sympathetic nerve. The health of the body depends upon the vigor of the vermicular motions thus provided for, and these in turn are entirely dependent on sympathetic nerve-force. Sympathetic nerve-force, then, is the steam which propels the enginery of the body, and the study of health, and also of repair, necessarily involves the study of the supply and waste of this nerve-force.

If you will remember, now, that the sympathetic supplies the sexual system, and that the study of the condition of the sexual organs is essential, even to the success of the American operation, we will proceed at once to the subject in question.

One topic more, however, is worthy of mention in this connection, viz.: The stupidity of the sympathetic nerve. It does not discriminate between the tissues it supplies and a foreign substance, and it is fully as liable to squeeze its own membrane, if it is out of repair, as it is to propel a foreign body along one of its canals. If its throat is swollen it will try to swallow its own membrane as readily as it would a bolus of food. If the urethra is inflamed it will make as strenuous efforts to expel it, although there is no urine to pass. If its rectum is acutely inflamed it will exert itself in a hopeless endeavor to strain it out of the body as earnestly and honestly as though it were trying to pass a quantity of fecal matter. In consequence of this lack of discrimination on the part of the sympathetic nerve a stricture can be induced in any canal of the body by simply inducing an inflammation of the membrane lining it at any point. And when you stop to think that tonic spasms of muscular fibres are extremely exhaustive of nerve-force, it begins to dawn upon one how an irritation at one of the openings of the body, by inducing undue spasms of the muscles guarding it, can be extravagant of the nerve-force upon which the activity of the muscles depends.

Premising thus much, let us come now to the discussion of a single point in orificial work. The point chosen for this evening is the so-called American operation. There are a few members of the profession who are not pleased with this naming (possibly because they did not name it themselves), who prefer to call it the circular operation. There are still others who from ignorance confound it with the English operation. Let us hope that the present paper will be sufficiently graphic to present a clear idea as to what the operation is, by whatever name you may choose to call it.

The American operation was born in the early part of November, 1889, in the back parlor of 190 Eugenie street. It was a sudden

inspiration to meet the complications of an exceptional case, but since then it has proved itself applicable to such a great variety of cases that it well deserves its national title. It is a method of renewing the mucous membrane of the last inch of the rectum, taking away the worn-out, threadbare lining of the part and replacing it by a new piece of membrane, leaving as a relic of the work only a small circular wound, whose margins are held together by the continuous suture placed at the very margin of the anus. The stages through which the operation has passed to attain its present state of perfection are unimportant history and do not call for description. All we want at present is a description of the operation in its present perfected state. Bear with me while I briefly describe, in as terse a manner as possible, the various steps of the procedure.

The rectum is first to be dilated to the capacity of the bivalve. Its margin is now to be seized with T-forceps in such a manner that the last inch can be nicely everted. There is a well marked line in the mucous membrane of the rectum which marks the circle about which the T-forceps are to be attached. This line is at the junction of the middle and lower rectums, and is well defined in all rectums. This line is to be seized about its entire circumference by T-forceps placed in close proximity. The forceps are to be held symmetrically diverging by the assistants in such manner that the rectal tissues are nicely everted. The mucous membrane is now to be amputated with a pair of scissors close to the attachment of the forceps. Whatever hemorrhage may ensue is to be checked by artery forceps, after which the last inch of the rectum is to be skinned from above downwards in such manner as to lay bare the external sphincter muscle in the entirety of its circumference. The offending inch from which the T-forceps are still dangling is now to be removed with scissors, care being taken not to remove too extensively from the skin surface. After all hemorrhage has been carefully checked, and the amputation made symmetrical by whatever pruning may be required, the amputated mucous membrane which has receded up the rectum is now to be drawn by a circle of T-forceps attached to its severed margin. Both sphincters are now to be severed with a pair of scissors, the parts bathed with some antiseptic solution, and then the mucous membrane is to be carefully and symmetrically stitched to the integument. The parts are to be dusted with iodoform, pressed firmly by compresses secured in place by a T-bandage, and the patient placed in bed.

The object in severing the sphincter muscles is to avoid their spasmodic action for a few days after the operation, thus avoiding pain and permitting the parts to unite by first intention.

For sutures it is well to employ catgut and make the suture a continuous one. This holds the parts nicely in co-aptation, with the least possible shock, and dispenses with the painful process of removal of stitches.

The amount of hemorrhage encountered in this operation varies greatly, but it is a matter of no conseqnence, because it is always easily checked, and is so immediately under the control of the surgeon that it need not be mentioned.

It is well to empty the bowels by colon-flushing on the evening previous to the operation, and also to thoroughly douche the lower bowel after the dilatation before operative procedures are inaugurated. Except in cases of chronic diarrhœa there is no tendency of the bowels to move, and without compulsion they will remain confined for from four to six days, which is long enough to permit the parts to glue together with sufficient strength to prevent rupture at the time of the first evacuation. In moving the bowels the first time after the operation, it is well to employ a long tube and carry the injection well up into the colon, so that the fecal matter can be carried out of the rectum by a flow of water coming from above. In exceptional cases it is well to give a purgative the night before the evacuation by flushing is attempted.

The patient should remain in bed a week or ten days, when the sitting position may be assumed. In cases where the mucous membrane is much softened, and the stitches are in danger of cutting through before union has taken place, it is well to double-stitch the parts, using a second continuous stitch sinking deeply into the tissues, so as to relieve the first row of all undue tension. The severing of the sphincters produces incontinence of feces for a week or ten days only. In cases where incontinence continues longer, this is usually due to a clumsy healing of the parts, which is to be corrected by clipping all places that are tense, smoothing all places that are rough, and by dilatation, breaking the little cicatricial band that is liable to encircle the

anus after the operation, and, if necessary, making use of the faradic current of electricity, the incontinence being due sometimes to a lack of tonicity in the part and a failure to rebound from the shock of the operation. The difficulty in the worst cases lasts but a few weeks, at best, and need occasion no concern for it is never permanent. A large percentage of the cases require no subsequent attention whatever, the parts healing perfectly by first intention, and in such a smooth manner as not to require the least trimming or even dilatation. In cases which do not result so favorably, the parts should be pruned and dilated at intervals until the ideal condition is secured, which can always be done in course of time.

The operation is a circular one, and it would not be an improper name if it were called the "circular operation." When its extent of application, however, is appreciated, the appropriateness of its present name will be more apparent. It differs very materially from the English operation, for this reason: The American involves the removal of the entire pile-bearing inch; the English operation involves only the removal of such part of the pile-bearing inch as may appear to be redundant or hemorrhoidal, which may be only at one place, or it may be three or four places. The English operation was invented by Dr. Whitehead, of Manchester, and it is performed without the aid of forceps or speculum.

The part is dilated with the thumbs sufficiently to produce a partial exposure of the tissues, when they are everted by the fingers of an assistant. The circumference of the gut is now carefully examined, and if a large, protruding hemorrhoid is observed, it is seized between the thumb and finger of the operator and a pair of scissors is made to divide the mucous membrane from the skin across the convex margin of the tumor. The scissors are now laid by, and with his thumb and finger the operator peels the large hemorrhoid from its areolar bed, leaving it dangling from the mucous membrane involved. This mass of tissue is now severed with a pair of scissors, the artery seized with artery forceps and tied, and the tab of skin is stitched to the stump of mucous membrane. The circumference of the gut is again searched for other similar tumors, and if they are found they are treated in similar manner, the tissues between the hemhorrhoids remaining unmolested. The main objection to this proceeding lies in the fact that only the large and more prominent tumors are removed, whereas, the tissues between the tumors are filled with hemorrhoidal tissues, which under the irritation caused by the operation are prone to enlarge and sprout a new crop of hemorrhoids. It will thus be seen that the operation is not a radical one and does not insure against the recurrence of the difficulty, in addition to the fact that it makes an uneven, jagged result entirely inconsistent with a normal appearance of the parts. Then, too, it is only employed in cases where there is a large amount of redundant tissue, and consequently, has not the wide field enjoyed by the American operation. As America has outdistanced other nations in the broad field of invention and discovery, so here the superiority of American ingenuity is again triumphant, and as the Whitehead operation has been called the English operation, it seems to me very fitting that the operation which I have briefly described this evening, being more universal in its application, better defined in its various stages, and more scientific in its application in every way, is very properly termed the American operation.

IT'S FIELD OF APPLICATION.

There are two classes of cases, both of them very extensive ones, which should be furnished with a new lining to the last inch of the rectum. In the first class are included all cases that present a large amount of redundant tissue. When the last inch of the rectum is thoroughly embossed with hemorrhoidal masses which prolapse at stool and are a source of great local inconvenience and annoyance, cases which are too extravagant in their development to hope for relief from fomentations, ointments or internal medication or even a hypodermic syringe, amputation of the offending mass is called for, and there is no neater, more satisfactory or scientific manner of accomplishing this than by means of the American operation. Such cases are exceedingly common and have been the *bête noir* of surgeons, because of the supposed danger from hemorrhage of attacking such a formidable mass of blood vessels. The invention of the bivalve speculum and the T-forceps, whice place the entire inch perfectly under the control of the surgeon, has completely obviated all danger of this nature, and the American operation will be found in such cases, by far, the safer and most satisfactory manner of dealing with them. The clamp,

the cautery, the ligature, the hypodermic syringe, may now be entirely abandoned for the more merciful, cleaner and satisfactory method above described. It will need no extended argument to establish the reputation of the American operation for efficiency in this class of cases.

But there is another class, and a much larger one, to which the operation is also applicable, that will require extended discussion before the consent of the profession is obtained for the employment of the operation. This latter class presents no hemorrhoids, no redundancy of tissues, no prolapsus of the bowel. A local examination, estimated by the ordinary standards of pathology, discloses a remarkably healthy looking rectum. A careful scrutiny, however, of the last inch may disclose a few scattering pockets, a few diminutive papillæ, and perhaps neither of these approaching a condition of excoriation, the mucous membrane simply appearing atrophied and presenting around the entire circumference of the gut a slightly congested appearance. One would think that such a slight form of trouble could do no serious damage to the general health, but the surgeon should remember that this membrane contains terminal nerve-fibres; that they too are atrophied and in more or less of an irritable condition, and that the irritation present is sufficient to cause a continuous abnormal contraction of the internal sphincter. And the surgeon should also reflect that this continuous pinching of diseased terminal nerve-fibres must weaken to a tremendous degree peristaltic actions, thereby interfering with the circulation of all the solids and liquids of the body. The sexual systems of such patients either present an abnormal degree of excitability, or have passed on to the opposite condition of enervation, which is still more serious. The local condition found is apparently so insignificant as in years gone by to have entirely escaped the attention of the medical profession, and in cases where it has been examined has been pronounced normal. The patient is conscious of no local inconvenience whatsoever, and may possibly object even to an examination being made, claiming regularity of the habit of the bowels, and entire freedom from all forms of local sensations. The weakened peristaltic actions of the body, however, have told seriously upon the general health, and the individual idiosyncrasies have begun to develop. With some patients it may be a tendency to spinal and brain troubles. The brain may be either over-active to a point of insomnia, or may be dormant to the point of stupidity. The spinal cord may be congested and irritable, or it may have passed beyond this stage to molecular death of large numbers of its cells and the patient begins to suffer the pains of ataxia or the helplessness of paralysis. If the individual weakness be that of the lungs, tubercular tendencies may be inaugurated, or the patient develop asthmatic or other bronchial difficulties. In other cases the heart's action may be irregular or painful. In still others there may be manifested kidney, liver or intestinal troubles. In yet others the outer skin may take on any of the forms of cutaneous degeneration. In fact, whatever the inherited or acquired weaknesses of the individual may be, they may begin to manifest themselves.

The human house which such a patient inhabits has been wasting faster than repairing, and the incidents and accidents of time are disintegrating the mansion until, perchance, it has become so poor an abiding place that the spirit is seriously questioning the propriety of taking its departure. In such cases the fires of life have burned low, the sounds of the world are growing faint, the heart's desires are pretty well consumed, and the things of this earth are less tempting, and extreme measures are necessary to arouse the sleeping organism to throw off the lethargy of approaching dissolution. The peristalses of such a sufferer are exceedingly feeble. Not a tube in the entire body has sufficient impetus to properly fulfil its use. The solids and liquids are no longer freely propelled along their channels. The commerce of the organism becomes locally and generally obstructed, and nothing but some general measure that shall have power to re-establish vigorous peristaltic actions throughout the entire body will be effective in starting once more the machinery of life in successful operation. Prescribe medicines, but the organism is too sleepy to respond to them. Give baths and massage, but the reactive powers are too poor to profit by the exercise. For such an individual, perfectly regardless of what part of his human machinery is so badly clogged as to threaten death, there is a sovereign remedy of more power to rouse the latent energies of the system and re-establish bodily activities than all others combined. That remedy is the American operation. The dilatation of the sphincters followed by their severing, the removal of the worn-out terminal sympathetic fibres

that cover the last inch of the rectum and the covering of the part with a new inch brought down from above produces a revivifying effect upon the entire body perfectly beggaring belief.

In the treatment, then, of the chronically sick, whatever may be the nature of their complaints, employ any and all of the resources of the profession which may be at your command. The most scientific and grandest of all is the application of internal medication. If you can tune the harp of life into rhythmic action once more by the use of drugs, it is your duty as an honest physician to do so. But if you fail there are at your command various other measures which may serve your purpose satisfactorily. Massage, baths, electricity, plasters, ointments, heat and cold, dieting, artificial and natural waters, changes in relations and surroundings, mental therapeutics and numerous other valuable adjuvants omitted from this list. But when these measures too have been of no avail, and the patient still continues to suffer, there is another resource still left you, more powerful, certain and permanent in its action than all other measures combined. This resource is orificial surgery. By its aid the capillaries of the entire body can be instantaneously flushed; the sleeping energies of the patient aroused and the activities of life again renewed.

In employing orificial methods always be guided by the same conservative policy which induced you first to prescribe for your patient before resorting to other measures. Use the simplest means first. Mere dilatation, the use of heat and cold, and if pruning is absolutely essential, do as little of it as possible. When you come to use orificial work upon the rectum, as in all other surgical work, it is better to save than to destroy. If there are pockets and papillæ, excise them with as little destruction of the mucons membrane as possible. If there is a fistula, lay it open, dissect out the track and stitch it up again. If there are hemorrhoids, try to remove them with the fewest incisions and with the least possible destruction of normal tissue by which you can accomplish your work. But when this, too, has been done, and the result is still unsatisfactory, do not forget that there is a last appeal which you can make to the latent energies of the system, whose power transcends all others, and will crown your labors with success if there is still sufficient life left in the tissues to respond to any appeal. That appeal is the American operation.

The cases which will defy all other remedial measures and apply for this last resort are such an army of sufferers, and such a large percentage of them will be able to find relief in the application of this efficient measure, that the American operation is destined to an unrivalled reputation as a healing agent in the estimation, not only of medical men, but of the people themselves.

56 Central Music Hall.

ON ARRANGING HOMŒOPATHIC MATERIA MEDICA.

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[Presented to the Homœopathic Medical Society of the State of New York, at its semi-annual meeting, Buffalo, September, 1891.]

AUTHORITY FOR SYMPTOMS.

AUTHORITY is another crying need of homœopathic materia medica of today. The materials collected form ten or twelve bulky volumes.

They consist of a mass, so varied in character and value, as to almost defy accurate description. The following may serve somewhat to distinguish the different classes of materials.

First are pathogenetic symptoms, well established in the two important points that entitle a homœopathic symptom to a place in the *highest rank*. They have been evoked repeatedly by the action of the drug upon the healthy human system, or as our allopathic confreres term it, "the action of the drug on man," and they also have had *indubitable and repeated clinical verification.* Such a symptom is not outranked by any other, as a class. The vomiting of Ipecacuanha, and Veratrum, the headaches of Belladonna, and Nux vomica, the colics of Colocynth, and Veratrum, are such symptoms.

The second place must be accorded, if *usefulness* be made the test, to those symptoms that have only a clinical standing, but which are attested beyond dispute, to be reliable, owing to repeated verifications in practice.

"The first duty of the physician is to heal the sick," and judged by this standard, beyond cavil, the second place falls to this class.

The third rank falls to those pathogenetic symptoms that appear less frequently in the provings, and yet have some few clinical verifications. Often these symptoms have in the end proved to be very important, even characteristic; but they generally have a concomitance, or, in other words, they belong to a group, necessary to be combined, in order to be effectual in practical application of the law of cure, a fact often equally true of the *first* rank.

They are of more obscure determination in this third class, and when repeatedly confirmed clinically, become of the *first* rank.

A fourth rank may justly be accorded to those symptoms that appear seldom, even when the number of provers is large, and which seem dependent for their development upon the "idiosyncrasy of the prover." (Organon, 118).

These may have a definitive value, in selecting the drug, out of all proportion to their frequency in provings; or, on the other hand, they may, for the present, lack clinical verification, except in very rare instances.

In the former case they are entitled to become first rank, *as to value*, in the second case, they are fourth rank.

A fifth rank may be ascribed to those clinical symptoms, that have apparently been cured in one or two good instances, but which have no place in any proving of the drug, nor yet a well established standing in clinical confirmations.

A sixth rank is a fair standing for symptoms apparently pathogenetic, but owing to the unreliable character of the prover, or to the faulty record of the proving, or to both, need clinical verification not yet produced.

A seventh rank falls to single cases of clinical symptoms, reported cured in journals and medical magazines, and at medical meetings. Often these reports give fictitious values, since they are not a fair statement of the facts as they occurred. *When these last three classes, once gain a place in a materia medica*, unless clearly separated from the others, the *confusion* wrought is beyond remedy. Their reliability is of the slenderest sort, and it may well be questioned whether experience will prove that they have any value at all.

These conclusions rest on the unimpeachable rule of logic, that it is never safe to generalize from a single instance. Too much of this sort of generalizing has been indulged in by over sanguine materia medica writers, to the great scandal of homœopathic materia medica.

If now, a materia medica will sift the symptoms on something like the above basis. The physician need never be in doubt as to the value of any given symtom, from the homœopathic stand-point.

It is not enough for an author to tell us 'that only the most reliable authorities have been consulted;" "that great care has been taken to admit only genuine symptoms;" 'that symptoms of doubtful standing have been rigidly excluded." These platitudes have little force with thoughtful practitioners.

All this means, if it means anything, that we are called upon to rely implicitly on the *judgment of the author*, a stretch of courtesy entirely too great in this critical age of individualism, when each man feels at liberty to form his own opinion for himself, and from the facts at first hand. To some of us, the names of certain authorities always carry great weight; to others the same names, because more is known of their methods, have very little weight, and we must have more and better evidence, before we can put much faith in what is given on such authority.

To afford a more reliable way of judging of these questionable values, it has seemed to me, that every new sympton, pathogenetic or clinical, and especialy clinical, *should be quoted on the authority of the author proposing it for the first time.*

Much in the same way, as in botany or zoology, the name of a new species is allowed to be given by the one first describing it in print, the new symptom should be fathered upon the one proposing it for membership in the genus of symptoms, that go to characterize the drug. In each case it is supposed that he has looked carefully into its history, has duly weighed the circumstances of its origin, has carefuly sifted the facts that go to make up the presentiment of its claim to recognition, and has finally come to the conclusion that it should be admitted as a *bona-fide* new member of the genus, "a new species," or at least "marked variety" of a known species.

It is impossible for any compiler or arranger of homœopathic materia medica to reinvestigate the claims of every new symptom proposed. Were he to undertake this, two or three remedies a year would be, in many cases, an arduous task. We "cannot go behind the returns." He has, in the majority of cases, neither the time, the means, nor the authorities; neither ought he to be expected to sit in judgment on every little point in the symptomatology of every drug of the hundreds known to materia medica.

The task is a physical and mental impossibility, if he is to accomplish anything in a single lifetime. The most that can be expected is, that he will find on what authority each symptom has been proposed, and quoting that authority *in every case*, allow the consultant to judge for himself of its reliability.

Much good work has already been done, and much more remains to be done in the line of critical examination of authorities. The

profession, very justly, it seems to me, accept this part of the work done by the editors of the Cyclopædia of Drug Pathogenesy, and regard it as unnecessary to go behind the returns in these volumes.

When, however, as in the case of Allen's Cyclopædia, or Hering's Guiding Symptoms, a large mass of new material is proposed for membership, although the instances on which it is proposed may be named, dated and paged, still it is but fair to refer these "new species," each to the author proposing it for recognition. He must be held responsible by the compiler of materia medica for admitting them to a standing; and henceforth, until their character shall have been vouched for by repeated clinical verifications, they should stand in his name, and he should bear the onus of their paternity. This, it seems to me, is the fairest, clearest, and most satisfactory method of dealing with a most important, if indeed it be not a question of the very first importance, in homœopathic materia medica. An index then would show upon whose authority a symptom had been admitted to the list.

Of equal force with the old adage, that the proof of "the pudding is in the eating," the value of a symptom may be said to lie in its clinical confirmation. This has been so long and clearly recognized that argument is superfluous. It is the one, supreme, and only test of value. No matter how many provers may have exhibited it, that may have been the result of mere coincidence; no matter how prominent it may have been in the proving, that may have been the result of mistaken observation; no matter how much stress may have been laid upon it by the reporter, that may have been a fault of personal judgment; but when once it has stood the test of *repeated clinical verifications*, under a large variety of circumstances, by producing cures in every fairly taken case, then that symptom, or that group of symptoms, may be set down as henceforth current coin, of standard value, never subject to other discount than the mistaken estimate of personal ignorance or personal carelessness. The great and universal law of cure, *of the relation of drugs to disease*, allows us to affirm thus much with scientific confidence. Now, since the highest test of a symptom is its clinical confirmation, under a variety of circumstances, and by a number of independent observers, it follows that any symptom or group of symptoms so confirmed are of first importance to the physician, whose highest duty is to heal the sick.

It matters not what may have been the origin, if a symptom be clearly defined and accurately stated, and have stood the above-mentioned tests, the true physician hails it as a veritable prize, as current and bearing the official stamp.

From this general premise it follows, if there be examples of clinical symptoms that have met the above requirements, they should by all means be admitted to a working materia medica. No matter what the purist, or the believer in a materia medica pura, or the mere theorist may hold, the *practical* man will want, will demand, that clinical symptoms of this class be admitted.

Clinical symptoms like those of pathogenetic origin, are of all grades of value. This has been already shown. Where only one prover manifests a pathogenetic symptom, I think it should be admitted provisionally, and in its proper grade. Where a clinical symptom has been cured by a drug, it should be noted, and if it be a clear case, should be admitted to the symptom-list, but it seems to me, on a grade lower than the last named pathogenetic symptom. This I have called seventh grade. This is the lowest possible grade a symptom can reach.

Let us now recapitulate the grades made under the discussion of authority.

1st grade, pathogenetic symptoms repeatedly verified.

2nd grade, clinical symptoms repeatedly verified

3rd grade, pathogenetic symptoms, occasionally verified.

4th grade, pathogenetic symptoms seldom verified.

5th grade, clinical symptoms seldom verified.

6th grade, pathogenetic symptoms not verified.

7th grade, clinical symptoms not confirmed.

If now a drug-index indicates these seven ranks clearly, so that at a glance it can be seen to which rank any given symptom or group of symptoms belongs, it will be of the greatest service in making up a drug-picture.

It is not possible to realize this fully at the present time. There are comparatively few symptoms falling in the first two grades. The third and fourth grades pathogenetic and clinical occasionally confirmed, contain by far the largest number of our working symptoms; while to the fifth, sixth and seventh grades belong a surprisingly large number. Only combined observation of a large number

of physicians can sift these lower ranks, and from them add one by one, or group by group, to the higher grades.

Many separate students of materia medica have seen these points, more or less clearly, not a few of whom have recognized their great force.

The large space, and thorough care bestowed upon *clinical confirmations*, for the last year or two, by our medical magazines, making this a special department, is a most hopeful sign. Year by year there will accumulate by this means material with which to revise understandingly and helpfully the great body of homœopathic materia medica; and if I may be allowed a personal opinion, I will say, it seems to me a greater help to the practical side of homœopathy will come from the direction of clinical confirmation, than from reproving of drugs, useful as that undoubtedly is, and worthy as it is of all support. But the day is yet distant when every pathogenesis will have been thoroughly sifted by clinical tests.

A drug-index then, should as far as possible, show the *rank* of symptoms, and the requirements, are:

1st. That it should partake of the *schematic form*, to be of ready reference.

2nd. That it should show,

Concomitance of symptoms clearly and readily;

(*1*) By not separating groups of symptoms;

(*2*) By maintaining the identity of the prover;

(*3*) By showing size, and frequency of dose.

3rd. It should show the *authority* of every symptom quoted;

(*a*) By showing the prover; or, in case of clinical symptoms,

(*b*) By showing the first (if possible) who placed the clinical symptom on the record;

(*c*) By showing the comparative clinical confirmations of every symptom, pathogenetic or clinical, as far as this is possible.

4th. Clinical symptoms may have the same practical value as the best attested pathogenic symptoms, but should always be differentiated from them.

An *index*, is a mass of facts, usually disconnected, arranged upon some arbitrary plan. Of the most common and useful, is the alphabetical. This has many modifications; as, the Cruden's concordance method, where topics are chosen on the basis of the quality of the matter involved, and under each topic the alphabetical method is used.

The *order of the topics* themselves may be according to any assumed method of classification, and the index under the topics may have any other method of order than the alphabetical.

The schema of Hahnemann is nothing more than an index, in which the drug-symptoms, are, as a rule, split up into as small divisions as possible, and arranged under topics in an order, partly anatomical, and partly physiological. It is this combination of two methods of classifying the topics that has given much unnecessary confusion to the Hahnemannic index.

The evils of this method are felt keenly by all who first approach the present homœopathic materia medica; but are in a large degree overlooked by those who have become accustomed to them.

"Vice is a monster of such hideous mien."

* * * * * * *

Now that we have formulated the requirements of an index of drug-symptoms, the question is, how shall we meet them?

The plan of meeting the question of dose, potency, repetition of dose, the time symptoms began to appear, when symptoms ceased, who was the prover, under what circumstances the drug was taken, and what, if any, were the modifications of the surroundings, in a general way, are best shown by *a very brief history of the prover*, or of the toxic cases of the drug, and this should precede the symptom-index.

The concomitance of symptoms is best preserved, as it seems to me, by the following combinations:

First: In arranging the symptom-index, the topics, inasmuch as they relate almost entirely to *physiological* states and modifications of physiological functions, or tissues in their physiological functions, *should be arranged on a physiological basis;* that is, according to the recognized "physiological systems," so-called.

For this purpose, the *Nervous*, *Respiratory* and *Circulatory*, the *Digestive*, the *Urinary*, the *Sexual*, the combined *Muscular*, *Fibrous* and *Osseous*, and outer *Skin and Superficial Glands*, may be chosen as *topics*, and arbitrarily placed in the order named. Under each of these as general divisions may be grouped the phenomena belonging to them. These should, as far as possible, be arranged under natural

physiological sub-topics, keeping in mind the physiological order of procedure, and supplementing it by the anatomical, where that becomes necessary; but always giving physiology the preference. This brings us to the final symptoms, or group or symptoms.

Under each *final topic*, are grouped all the symptoms naturally belonging to that topic; the symptoms are not disassociated more than is absolutely necessary to avoid too great repetition.

Each prover's symptoms under each topic are kept in a separate group. They bear his name, they show the date of their appearance from the beginning of each proving, and the potency of the drug used. For dose and repetition, reference has to be made to the prover's history at the heading of the drug.

If the symptoms repeated themselves from day to day, or proceed in a state of development from one form to another, this is shown both by the dates attached, and by the order of the symptoms on the page.

The concomitance in other physiological spheres is shown by a separate line following each symptom, giving brief references to every marked symptom concomitant with the one quoted.

If it is desired to follow a particular prover's history from beginning to end, in each of the physiological systems, this is easily and readily done by turning over the pages and noting the plainly marked headings for this prover, wherever they occur.

This is in brief, how concomitance may be maintained in the index,

Clinical proof can only be made up from the standing accorded by standard authors, and from reports and papers. This department of course, admits of very great amplification.

It is in the power of each practitioner to improve his own materia medica, by recording from day to day, clinical verifications. This is the most unsatisfactory part of the materia medica at the present time. Many symptoms have been placed too low; a few are probably too highly rated. A difference in type, should mark the grade of the symptom; while the symptom, when clinical, should have a separate clinical sign. Where quoted from an author, and known to be clinical, the clinical mark should be added together with the name of the author.

Some of the Hahnemannian symptoms cannot be determined, whether pure or clinical. They should simply be ascribed to Hahnemann. The same is true of Hering. Many of Allen's symptoms are known to be clinical, and should be so noted. A brief therapeutical review of the drug should follow the symptomatology in each case.

The *generalizations* should precede the symptomatology, being intended to lead to a more thorough understanding of the study of the extended symptom-index.

The *pharmacy chemistry*, etc., should be reduced to the briefest possible space consistent with clearness, and should always be present.

The summaries of action on systems, show at a glance the extent of the drug, activity, while "key-notes," in the same connection, show its leading characteristics. These should precede the symptomatology.

The objections to this method of arrangement are, it seems to me,

First; the enormous amouut of work required. If that were to be considered, we shall always have, as now, a half-way-work materia medica. Certainly such a consideration can never produce an ideal work.

Second; the extended space it will cover. To this it must be said, *space and paper are well employed where they save time and labor.*

In every case, *at the end of each physiological system, is a summary, or general statement in brief*, of all the symptoms, and of the number of provers manifesting each.

Here, if one chooses, he may select his symptoms, from only such as are manifested by "three or more provers," and he may learn what symptoms have only the backing of one prover, or one clinical instance.

I venture to assert, that *no more rapid method of consulting condensed materia medica has been devised thus far*, and it has the additional advantage of showing at a glance, the comparative value from the pathogenetic stand-point.

Added to each of these condensed symptoms, is a list, not exhaustive, but only suggestive, of *cognate drugs*. In short, the aim has been to combine in one and the same volume, the possibilities for rapid or extended study, as either may be desired; and without, in any way, allowing either to detract from the possibilities of the other.

I cannot forbear to point out in this connection, that two essentially distinct classes of writers on materia medica have been evolved within the last few years.

The one class is made up of critics of the origin and value of symptoms. The other class is devoted to the arranging of symptoms. The one gives us their value, the other puts them in shape to be easily referred to by the practitioner. My own aim has been to belong only to the latter class, to those who arrange materia medica for use. It seems to me that personal judgment as to what should be put in, and what excluded, *does not belong to the arranger.* The personal equation needs to be as fully eliminated from any taxonomy of symptoms, as the case will allow.

This is an age of great personal independence, and of individuality of opinion,

If I have judged rightly, men prefer you should give them facts at first hand, if you can, and let them draw their own conclusions as to value.

The arranger of materia medica should give nothing on his own authority, nor exclude anything on his own authority; but give, just as accurately as he is able, the exact authority and standing of every symptom recorded, and leave the reader to his own judgment, what to use, and what to reject.

It seems to me this is the only way to lay a broad and sure foundation. Criticism and clinical trial must slowly sift the chaff from the wheat, and experience show what is reliable and what is worthless. To this end every one who uses the materia medica may lend a helping hand. Of one thing, the consultant should be assured from the first; that he faces a materia medica, with symptoms not all on a par, promiscuously chopped up, and endlessly confused. Homæopathic materia medica would show and maintain clearly, the relationship existing between all the symptoms given under the heading of a drug, whether pathogenetic or clinical, their affiliations and their differences.

Carefully keeping these points in mind, the author invites the study of the pathogeneses of the Arsenic Group of Homœopathic Materia Medica. If this commends his project, as he hopes it may, he asks the hearty and substantial support of your subscription to the full set, which alone will insure the success of the undertaking.

Without such a seconding of his efforts, nothing further will be done. The labor of the past must go for naught, and the thorough reform of our materia medica must be left to the future, which will not fail to demand that such work shall be done.

THE THERAPEUTIC UTILITY OF GEOMETRICAL PROGRESSION IN DOSE.

By CLIFFORD MITCHELL, M.D.,
CHICAGO, ILLS.

IN making certain chemical experiments I have noted results following the use of oxalic acid in solutions of the strength 1 in 10, 1 in 100, 1 in 200, 1 in 300 and 1 in 400, but not 1 in 500, much less 1 in 1,000 or 1 in 10,000. Certain other results followed the use of solutions containing 1 in 1,000, 1 in 2,000 and upwards, but not 1 in 500 and downwards.

Suppose, now, that I were confined to the homœopathic system of geometrical progression in my chemical use of oxalic acid, 1 in 10,000 in the first class of experiments would be too little, and 1 in 100 too much for the accomplishment of what 1 in 400 does nicely.

I see no reason why 1-400th of a grain at a dose might not accomplish in a given human body that for which 1-10,000th would be too little and 1-100th too much. Why must we be tied to a system which seems to insist upon the therapeutic superiority of geometrical progression in dose, and whence is derived this grotestque union between mathematics and medicine?

In the nonsense-book we read of the man who "with one prance skipped from Turkey to France," but this is nothing at all in comparison with this skip which we take every day from the one-thousandth to the one ten-thousandth from the 3x to the 4x. Not even the 3½x—that feeble compromise of the day!—nor the use of certain numbers of tablet triturates is wholly satisfactory. What we want is a definite descending scale of strength by arithmetical, not geometrical, progression till a point is reached where chemical and microscopical tests fail to discover the presence of any drug. From there on no one probabably would object to the use of geometrical progression as now.

Let the homœopathic pharmacist put up his drugs 1 in 10, 1 in 20, etc., then 1 in 100, 1 in 200, etc., then 1 in 1,000, 1 in 2,000, etc., 1 in 10,000, 1 in 20,000. etc., until the point is reached where there is no drug demonstrable.

Or, in supplement to the present system, let him put up intermediate drug strengths, filling the gaps which now exist, especially between the 3x and 5x.

I have no desire to interfere with the predilections of any one for certain potencies, but rather, like Oliver Twist, cry for "more."

70 STATE STREET.

"A CASE."

By H. D. CHAMPLIN. A. M., M. D.
CLEVELAND, OHIO.

[Read before Cleveland Academy of Medicine.]

I PRESUME we all remember our first experience in obstetrical practice, but to me that first experience is fraught with many memories which the hand of time will never obliterate. Like most fresh young men I wanted a case, and when suddenly called upon to take charge of one "rather wished I hadn't."

My call came when I first essayed the rôle of Doctôr, and, as is usual in young fledgling's cases, it was an emergency one.

The hurried entrance of a messenger into my office one bitter cold night in March, 18—, with the piteous appeal that I would don my overcoat and hasten to the bedside of his wife, who was, as he told me, even at that moment in the throes of labor, and might even perhaps be at death's door, did not serve to allay my perturbed feelings or quiet my agitated mind.

Hastily placing such articles as I felt might be needed, including the forceps (the tyro always feels the need of them), into my obstetrical bag, I started for the "house of travail."

On my arrival I was confronted by three female friends, whose rotundity bespoke experience, and who were very much excited over the condition of affairs. Everything was arranged in due order, for the advent of the expected baby.

Upon introduction to the patient she gave me the following history: "She was the mother of four children, and was fifty-six years of age. Menstruation had ceased at fifty."

That she was pregnant there was not the shadow of a doubt in her own mind. Had she not felt as she always did when carrying her other children? Had she not felt motion at four and one-half months, and suffered with morning nausea? Was not her abdomen enlarged? And last, but not least, to clinch her former statements, had she not had pains all day?

My jejuneness of experience was not suspected; and only the day before I had read with anxious preoccupation of mind all about the proper proceedings in the first, second and third stages of labor. But in the present instance I found myself rather embarrassed as to what stage we were in. With due gravity I proceeded to make an examination, with about as much idea as to what I was hunting for as the average tyro in obstetrics. Having found just what I expected, I proposed that we wait further developments. About four o'clock in the morning my patient incidently let drop the remark that her bowels had not moved for six days, and perhaps this might retard her pains and prove a stumbling block to the completion of her labor.

Having with me some Podophyllin pills (1 grain each), I gave her one, and in one hour a second. While drowsily waiting at her beside some two hours later, she hurriedly informed me that "something was coming."

"Lo! here was the babe at last, that was to gladden the mother's heart and fill the house with joy," was the thought that flashed through my mind.

I will leave to my hearers to imagine what it was of which the woman was delivered. I think the quantity was fully four or six quarts.

There was sudden cessation of pains and a flattened abdomen; gathering up my paraphernalia in a hurried manner, I promised to make a second visit later, and escaped from the house as one set free from damning peril.

'Tis needless for me to remark, in a perfunctory way, that "my second visit has as yet not been made."

455 Clark Avenue.

A New Iodine Bottle.

Every gynæcologist is well aware of how many bad words he is responsible for when the cork of his iodine bottle becomes extracted in his instrument case, destroying his satchel and rusting his fine instruments, or when it upsets on his patients' carpets, leaving its indelible stain as his unfortunate autograph.

After trying all sorts of bottles and stoppers, Dr. Abbott found the following avoids all these annoying accidents:

Fill the bottle selected with absorbent cotton; pour in the tincture of iodine to complete saturation; then pour out all that will readily drain away.

One now has plenty of iodine in a very safe form. Any application thrust into the cotton-filled bottle will be immediately saturated, for painting the vagina or external work. Yet the bottle may be carried safely in satchel, or upset on the carpet, etc.

This plan may also be adapted to other medicines, as pyroligneous acid, carbolic acid, or any other materials used for applications and liable to spill.—*Med. Record.*

SELECTIONS.

Anatomical Proper Names.

The following is a partial list of the proper ames applied to anatomical parts, which of hemselves, without explanation, give to the tudent no idea of the location or nature of the art so named. With few exceptions they are erived from the names of the discoverers of the art.

queduct of Sylvius.—The iter a tertio ad quartum ventriculum, or canal leading from the third to the fourth ventricle of the brain.

queductus Fallopii.—A canal in the petrous portion of the temporal bone, extending from the internal auditory meatus to the stylo-mastoid foramen, transmitting the facial nerve.

nnular Muscle of Muller.—Separate circular muscular bundles at the anterior internal angle of the ciliary body.

rnold's Nerve.—The auricular branch of the pneumogastric nerve.

rnold's Ganglion.—Otic ganglion around the origin of the internal pterygoid nerves. It is on the inner surface of the inferior maxillary nerve, just below the foramen ovale.

ntrum of Highmore.—Maxillary sinus, a large triangular cavity in the body of the superior maxillary bone.

xis Cylinder of Purkinje.—The essential part of a medullated or white nerve fiber.

uerbach's Plexus.—A plexus of nerves and ganglia between the circular and the longitudinal fibers of the large intestine, giving off nerve branches to its muscular coat.

rtholine's Gland.—Duverney's gland; vulvo-vaginal gland; a round or oblong reddish-yellow body situated on each side at the commencement of the vagina. It is analogous to Cowper's gland in the male.

uhin's Valve.—Valvula Bauhini; the ilio-cæcal valve.

rtini's Columns.—The cortical columns of the kidneys.

chdalek's Ganglion.—A swelling produced by the junction of the anterior dental nerve and the nasal branch from Meckel's ganglion, on the anterior wall of the antrum of Highmore.

wman's Capsule.—The Malpighian capsule of the kidney.

wman's Muscle—The ciliary muscle.

dy of Aurantius.—Corpus Aurantii; a small ibro-cartilaginous nodule situated in the mid-ile of the free margin of each of the cardiac emilunar valves.

ca's Convolution.—The speech center; the in-erior frontal convolution of the frontal lobe of he brain.

Brunner's Glands.—Duodenal glands; small, flattened, granular bodies, similar in structure to the pancreas, imbedded in the submucous tissue of the duodenum and commencement of the jejunum. They are the largest and most numerous near the pylorus.

Burdach's Column.—Cuneate fasciculus of the spinal cord.

Canal of Petit.—A triangular canal formed around the circumference of the lens, by the separation of the two parts of the suspensory ligament.

Canal of Nuck.—A cylindrical canal formed around the round ligaments of the uterus by a duplicature of peritoneum, extending into the inguinal canal in the fœtus, but is usually obliterated in adult life, though sometimes remaining pervious, giving rise to hernia and hydrocelic cysts of the labium externum.

Canal of Huguier.—A small canal at the inner side of the Glasserian fissure for the passage of the chordæ tympani nerve from the tympanic cavity.

Canal of Stilling.—Cloquet's canal; hyaloid canal; a canal passing through the center of the vitreous humor of the eye, from the point of entrance of optic nerve to the posterior surface of the lens.

Canal of Jacobson.—Tympanic canal containing Jacobson's nerve.

Canal of Wirsung—The pancreatic duct.

Canal of Schlemm.—Canal of Fontana; sinus circularis iridis; a minute circular lymph-space around the circumference of the iris, at the point of union of the cornea and sclerotic.

Canal of Fontana.—(See *Canal of Schlemm.*)

Cartilage of Meckel.—A transitory cartilaginous mass of fœtal structure from which the malleus and incus are formed.

Cartilage of Santorini.—Corniculum laryngis; a small, conical, cartilaginous nodule, surmounting the apex of the arytenoid cartilage of the larynx.

Cartilage of Wrisberg.—Two small bodies in the fold of mucous membrane (the aryteno-epiglottidean fold) extending from the apex of the arytenoid cartilage to the side of the epiglottis.

Capsule of Bonnet.—(See capsule of Tenon.)

Capsule of Tenon.—That portion of the tunica vaginalis occuli anterior to the tendons. That portion posterior to the passage of the tendons has been denominated the capsule of Bonnet.

Capsule of Glisson.—A continuation of the fibro-areolar covering of the liver surrounding the hepatic vessels in the transverse fissure, and accompanying the vessels in the substance of that organ.

Capsule of Muller.—The investing membrane of the Malpighian tuft formed by the dilated extremity of Ferrein's tube.

Cells of Deiter's.—Long fusiform cells resting on the basilar membrane in the intervals between the outer rods of Corti and the acoustic hair-cells.

Cells of Schultze.—Olfactory cells; epithelial cells at the termination of the olfactory nerve.

Central Gray Nucleus of Kolliker.—A layer of neuroglia surrounding the central canal of the gray matter of the spinal cord

Chordæ Willisii. — Trabeculæ Willisii; small fibres which cross the sinuses of the dura mater.

Circle of Willis.—The anastomosis of the branches of the internal carotid and vertebral arteries at the base of the brain.

Circular Sinus of Ridley.—Sinus coronarius; an irregular venous canal surrounding the pituitary fossa and gland.

Cistern of Cloquet.—Reservoir of Cloquet; the receptaculum chyli, or chyle reservoir.

Cloquet's Canal.—(See canal of Stilling.)

Corpus Highmorianum.—The mediastinum testis.

Corpuscles of Pacini.—Pacinian bodies; small whitish bodies in connection with the cutaneous nerve filaments of the palm of the hand and soles of the feet; found also on other nerves of the cerebro-spinal and sympathetic systems.

Corpuscles of Malpighi.—Spheroidal lymphoid thickenings of the external coat of the small arterioles of the spleen.

Cowper's Glands.—Two small yellowish glandular bodies (in the male) beneath the forepart of the membranous portion of the urethra, between the two layers of the deep perineal fascia.

Crescents of Giannuzzi.—Semilunes of Heidenhain; peculiar semi-lunar bodies found in the alveoli of salivary glands.

Crypts of Lieberkuhn.—Minute tubules, or simple follicles, found in the stomach and all over the intestines.

Dentinal Sheath of Neumann.—An elastic homogeneous membrane between Tome's fibers and the dental ivory, resisting the action of acids.

Dollinger's Band.—Ligamentum pectinatum iridis; the suspensory ligament of the iris.

Duct of Bartholine.—A tube formed by one or more of the ducts of Riviniani, opening into the duct of Wharton.

Duct of Gaertner.—Remains of the Wolffian duct.

Duverney's Gland.—Vulvo-vaginal gland. (See Bartholine's gland.)

End-bulbs of Krause.—Small capsules of connective tissue in the papillæ of the skin, in the conjunctiva, glans penis, glans clitoridis, and mucous membrane of the mouth, in which are the termination of nerve fibrils.

End-plates of Kuhne.—Motorial end-plates of Kuhne; the method of termination of nerve fibers in the voluntary muscles. Known also as the nerve hillocks of Doyere, or nerve tufts of Doyere.

Eustachian Tube.—The tube of communication between the tympanum and the pharyngeal cavity.

Eustachian Valve.—A valve at the termination of the inferior vena cava, of large size in fœtal life.

External Respiratory Nerve of Bell.—The long thoracic or posterior thoracic nerve.

Fallopian Tubes.—The human oviducts.

Fascia of Cloquet.—The septum crurale.

Fasciculus of Turck.—Cross-pyramidal fasciculus of the spinal cord.

Fenestrated Membrane of Henle.—A layer of longitudinal elastic fibers in the internal coat of an artery, presenting, when viewed under the microscope, small elongated apertures.

Fibers of Muller.—Radiating fibers of the retina; the supporting connective-tissue frame-work of the retina, serving to bind the several layers of the retina together.

Fibers of Rolando.—The arciform fibers of the medulla oblongata.

Fissure of Bichat.—Transverse fissure of the brain, between the cerebrum and cerebellum.

Fissure of Rolando.—A fissure separating the frontal and parietal lobes of the brain.

Fissure of Sylvius.—A fissure at the base of the brain, lodging the middle cerebral artery.

Folds of Houston.—Three semilunar transverse folds in the rectum.

Fontana's Spaces.—Spaces between the prolonged fibers of the ligamentum pectinatum iridis, or Dollinger's band.

Foramen of Monro.—An opening connecting the two lateral ventricles of the brain with the third ventricle.

Foramen Magendie.—An opening in the fibrous layer of the inferior boundary of the fourth ventricle, connecting the subarachnoidean space with the general ventricular cavity.

Foramen of Sommerring.—(A misnomer.) A name given to a spot in the "fovea centralis" where the choroid shows through the thin retinal structure, so as to give the appearance of a foramen.

Foramen of Winslow.—A constriction of the peritoneal cavity connecting the two peritoneal sacs.

Foramen Vesalii.—A small aperture in the sphenoid bone opposite the root of the pterygoid

process, at the inner side of the foramen ovale. It transmits a small vein. Not constant.

Foramina of Stenson.—The incisive foramina leading into the anterior palatine canal transmitting the anterior palatine vessels.

Foramina of Scarpa.—Foramina leading into the anterior palatine canal transmitting the naso-palatine nerve.

Foramina Thebesii.—The minute orifices, or mouths, of the venæ cordis minimi opening on the inner surface of the right auricle of the heart.

Ganglion of Andersch.—The petrous ganglion; the larger of two ganglia on the glosso-pharyngeal nerve as it passes through the jugular foramen.

Ganglion of Cloquet.—A sympathetic ganglion; on the naso-palatine nerve in the incisive fossa.

Ganglion of Bidder.—A sympathetic ganglion on the middle meningeal artery below the foramen spinosum.

Ganglion of Ribes.—A small ganglion, situated upon the anterior communicating artery of the brain, joining the two gengliated cords of the sympathetic together at their cephalic extremities.

Ganglion of Wrisberg.—A small ganglion immediately below the arch of the aorta at the junction of the left superior cardiac, the left (and sometimes the right) superior cervical cardiac branches of the pneumogastric, and a filament from the deep cervical plexus.

Gasserian Ganglion.—The semilunar ganglion situated on the sensory root of the fifth nerve, at the origin of its three divisions. It is lodged in a depression near the apex of the petrous portion of the temporal bone.

Gelatin of Wharton.—Jelly of Wharton; a gelatinous mass uniting the vessels of the umbilical cord.

Gerlach's Nerve-Network.—A minute and dense network of slender nerve fibrils composing the greater part of the gray matter of the spinal cord.

Gimbernat's Ligament.—The reflection of Poupart's ligament along the pectineal line.

Glands of Littre.—Mucous glands and follicles opening into the male urethra.

Glands of Tyson.—Small sebaceous glands opening on the corona and cervix of the glans penis.

Glasserian Fissure.—A slit dividing the glenoid fossa of the temporal bone. It transmits the laxator tympani muscle.

Goll's Column.—Part of posterior column of spinal cord adjoining the posterior median fissure.

Graafian Vesicles.—Ovisacs containing the human ova.

Haversian Canals.—Canals in bone for the passage of vessels.

Haversian Spaces.—Spaces connecting the Haversian canals and the medullary spaces, and separating one Haversian system from another.

Haversian System.—An Haversian canal with its lamellæ, lacunæ, and canaliculi.

Hesselbach's Triangle.—A triangular space at lower part of the abdominal wall bounded externally by the epigastric artery; internally by margin of the rectus abdominis; below by Poupart's ligament.

Hey's Ligament.—The pubic end of the ligament of Burns, or falciform ligament of the saphenous opening.

Hiatus Fallopii.—An opening on the anterior surface of the petrous portion of the temporal bone for the petrosal branch of the Vidian nerve.

Hillocks of Doyere.—(See End Plates of Kuhne.)

Hilton's Muscle.—Compressor sacculi laryngis or Aryteno-epiglottideus inferior muscle.

Horner's Muscle.—The Tensor Tarsi.

Horny Band of Tarinus.—The upper, hard portion of the tænia semicircularis of the brain.

Hunter's Canal.—An aponeurotic canal formed by a dense transverse fibrous band from the vastus internus to the tendons of the adductor longus and magnus muscles. It contains the femoral artery and vein, and the internal, or long, saphenous vein.

Hydatids of Morgagni.—Small pedunculated bodies attached to the upper end of the testes, or to the epididymis—believed to be the remains of the upper portion of the duct of Muller.

Incisura Santorini.—Two or three deep fissures in the cartilaginous portion of the external auditory canal, rendering that part of the canal movable.

Internal Respiratory Nerve of Bell.—The Phrenic nerve.

Island of Reil.—The central lobe of the brain, lying in the fissure of Sylvius.

Jacob's Membrane.—Basillary layer of the retina; the rods and cones of the retina, or the perceptive layer.

Jacobson's Nerve.—The tympanic branch of the glosso-pharyngeal nerve.

Jadelot's Lines.—Certain lines of the face produced by suffering from serious disease. Among them are the "nasal line," pointing to disorder of the digestive organs; the "labial line," to disease of respiratory tract; "oculo-zygomatic line," to disease of the cerebro-spinal nervous system.

Laumonier's Ganglion.—Carotid ganglion on under surface of internal carotid artery.

Ligament of Winslow.—The posterior ligament of the knee-joint.

Ligament of Burns.—The Falciform ligament or process of the saphenous opening.

Ligament of Zinn.—The common tendon of the inferior and internal recti muscles of the eye.

Liquor Cotunnii.—Aqua labyrinthi; the perilymph, a fluid contained in the *osseous* labyrinth of the internal ear.

Liquor Scarpæ.—The endolymph—a fluid contained in the *membranous* labyrinth of the internal ear.

Liquor Morgagni.—A liquid formed after death by the absorption of the fluids of the eye by the single layer of transparent, polygonal, nucleated cells which connect the anterior surface of the lens to inner surface of the len's capsule.

Lobus Spigelii.—One of the five lobes of the liver.

Lower's Tubercle.—Tuberculum Loweri; a small projection on the right wall of the right auricle.

Looped Tubes of Henle.—That looped portion of the uriniferous tubule extending between the convoluted tube of Ferrein and the straight tube of Bellini.

Luschka's Gland.—Coccygeal gland; a small body, lying near the tip of the coccyx, of an uncertain nature, but seemingly having some connection with the arteries of that part. Arnold named it "glomerulus anterio-coccygeus."

Malpighian Bodies.—Small, deep red, rounded masses in the cortical substance of the kidneys, consisting of two parts: (*a*) the Malpighian tuft, a glomerulus of vessels, and (*b*) the Malpighian capsule or envelope—the commence- of a uriniferous tubule.

Malpighian Tuft.—A tuft of capillaries—the termination of branches of the renal artery and vein.

Marshall's Vestigal Fold.—The fold of serous pericardium over the root of the left lung, formed by a cord which represents the remains of the obliterated left superior vena cava of the fœtus.

Meckel's Ganglion.—Spheno-palatine ganglion, the largest cranial ganglion, situated in the spheno-maxillary fossa.

Meibomian Glands.—Sebaceous glands imbedded in the tarsal cartilages of the eyelids.

Meissner's Plexus.—A plexus of nerves derived from fibers from Auerbach's plexus which have perforated the circular muscular fibers of the intestine. It lies between the muscular and mucous coats of the intestine, and supplies the muscularis mucosæ and mucous membrane.

Membrane of Corti.—Membrana tectoria, covering the organ of Corti.

Membrane of Reisner.—A membrane forming the vestibular wall of the membranous cochlea. It extends from the edge of the lamina spiralis to the outer cochlear wall.

Membrana eboris of Kolliker.—The lining membrane of the teeth.

Membrane of Bowman.—Anterior elastic lamina of the cornea; called also Membrane of Reichert.

Membrane of Reichert.—(See membrane of Bowman.)

Membrane of Descemet, or Demours.—The posterior elastic lamina of the cornea.

Membrana Ruyschiana.—Chorio-capillaris; a fine capillary plexus, the middle layer of the choroid.

Mullerian Duct.—A duct in connection with the Wolffian body lying internal to the Wolffian duct.

Muscle of Tod and Bowman.—The ligamentum spirale of the membranous cochlea of the internal ear.

Nasmyth's Membrane.—A delicate epithelial cuticle covering the enamel of the teeth protecting them from the action of acids.

Nelaton's Line.—A line drawn from the anterior superior spine of the ilium to the most prominent part of the tuberosity of the ischium. It corresponds to the top of the trochanter and runs through the center of the acetabulum.

Nerve of Cotunnius.—Naso-palatine nerve.

Nerves of Lancisi.—The striæ longitudinales of the corpus callosum.

Nerve of Wrisberg.—The lesser internal cutaneous nerve of the arm.

Nodes of Ranvier.—Annular constrictions in the sheath of Schwann, causing the breaks of interruptions seen in the white substance of Schwann when treated with osmic acid.

Organ of Corti.—The terminal auditory apparatus.

Organ of Rosenmuller.—The Parovarium.

Organ of Giraldes.—A number of convoluted tubules in the cellular tissue in front of the spermatic cord, close to the head of the epididymis. It is the remains of a part of the Wolffian body.

Ovules of Naboth.—(A misnomer). Mucous follicles and glands imbedded in the mucous membrane of the uterus, being most numerous in the cervix. Naboth mistook them for human ova.

Pacchionian Glands.—Small whitish bodies on the surface of the dura mater in the situation of the longitudinal sinus.

Pacchionian Depressions.—Depressions on the internal surface of the cranial vault in which rest the Pacchionian glands.

Pars Intermedia of Wrisberg.—A connecting link of nerve tissue between the seventh and eighth cranial nerves in the fourth ventricle.

Perforans Casserii Nerve.—The musculu-cutaneous, or external cutaneous nerve of the arm.

Peer's Glands, or Patches.—Agminate glands; twenty or thirty glands, most numerous and largest in the ilium, on the surface opposite to the mesenteric attachment. They are also found in the lower part of the jejunum and sometimes in the duodenum. They are aggregations of simple follicles.

Pomum Adami.—Adam's apple; the anterior superior portion of the thyroid cartilage.

Pons Tarini.—The posterior perforated space of the brain for the passage of vessels to the optic thalami.

Pons Varolii.—Bridge of Varolius; the great commissure at the base of the brain anterior to the medulla, connecting the hemispheres of the cerebellum with each other, and with the medulla.

Pouch of Douglas.—Douglas cul-de-sac; the recto-vaginal fold.

Poupart's Ligament.—Crural arch; the aponeurotic portion of the obliquus externus abdominis which extends from the anterior superior spine of the ilium to the spine of the pubes.

Processes of Ingrassias.—The lesser wings of the sphenoid.

Pyramids of Ferrein.—The tubes of Ferrein arranged in a pyramid at the base of the Malpighian pyramid.

Pyramids of Malpighi.—A pyramidal arrangement of the tubes of Bellini and Henle in the medullary substance of the kidney.

Pyramids of Wistar.—The spenoidal turbinated bones.

Rete Malpighi.—Rete mucosum of the skin—mucous substance, containing coloring matter between the derma and epidermis.

Riviniam Foramen.—A minute opening supposed to exist in Shrapnell's membrane.

Rods of Corti.—Rod-like cells of the organ of Corti.

Sac of Hilton.—Lower part of the ventricle of the larynx.

Scarpa's Triangle.—A triangular depression, seen just below the groin, in which the femoral vessels lie. Bounded externally by the sartorius; internally, by the adductor longus; above, by Poupart's ligament. The iliacus, psoas, pectineus, adductor longus, and part of the adductor brevis muscles, form its floor.

Schneiderian Membrane.—The pituitary membrane; the mucous membrane of the nasal cavity.

Schreyer's Lines.—Concentric shadings produced by the delicate wavy tubules of the dental ivory, or dentine.

Semilunes of Heidenhain.—(See Crescents of Giannuzzi.)

Semilunar Fold of Douglas.—The thin curved margin of the posterior wall of the sheath of the rectus abdominis.

Shrapnell's Membrane.—The upper and posterior part of the membrana tympani.

Sinus of Morgagni.—Sacculus Laryngis.

Sinuses of Cuvier.—Venous canals of fœtal life.

Sinuses of Valsalva.—Sinuses of the aorta, behind the aortic semilunar valves.

Sinuses of Valsalva.—Pulmonary sinuses; pouches between the semilunar valves and the beginning of the pulmonary arteries.

Space of Tenon.—A lymph-space between the globe of the eye and Tenon's capsule.

Spiral Tube of Schachowa.—That portion of the uriniferous tubule extending between the proximal convoluted tube and the descending limb of Henle's loop.

Spot of Wagner.—The macula germinativa.

Stars of Verheyen.—Stellate venous plexuses on the surface of the kidneys beneath the capsule.

Steno's, or Stenson's, Duct.—The excretory duct of the parotid gland.

Straight Tubes of Bellini.—Tubes in the medullary substance of the kidney forming part of the pyramids of Malpighi.

Tactile Corpuscles of Wagner.—Miniature bodies resembling a fir-cone, found in the papillæ of skin and mucous membrane, etc., supposed to render the sense of touch more acute where they are located.

Tendo Achilles.—A large tendon formed by the union of the tendons of the gastrocnemius and soleus muscles.

Terminal Arteries of Cohnheim.—The terminations of the central or ganglionic and the cortical arteries of the brain.

Tome's Fibers.—Slender, cylindrical prolongations into the dental tubuli from the cells of the pulp tissue, known also as dentinal fibers.

Torcular Herophili.—The winepress of Herophilus; a depression on the internal surface of the occipital protuberance of the occipital bone where six sinuses meet.

Tubes of Ferrein.—Convoluted tubes in the cortical substance of the kidneys.

Tubercle of Lisfranc.—A tubercle on the first rib, into which the scalenus anticus muscle is inserted.

Tubercle of Rolando.—The tuberculo-cinereo of the medulla oblongata.

Tunnel of Corti.—The minute spiral space enclosed by the rods of the Corti.

Tunica Intima of Kolliker.—The internal serous or epithelial coat of arteries.

Valve of Hasner.—A fold of mucous membrane at the termination of the nasal duct in the inferior meatus, forming an imperfect valve.

Valve of Thebesius.—A semi-circular fold protecting the orifice of the coronary sinus of the heart.

Valve of Vieussens.—A thin lamina stretched between the two processus e cerebello ad testis, forming the roof of the iter a terito ad quartum ventriculum.

Valves of Kerkring.—The valvules conniventes of small intestines.

Vena Galeni.—Vein of Galen; the larger of the anterior cardiac veins.

Venæ Galeni.—Veins of Galen; the deep cerebral or ventricular veins.

Venæ Thebesii.—Numerous minute veins which return the blood directly from the muscular substance of the heart without entering the venous current.

Ventricle of Aurantius.—A cul-de-sac in the fourth ventricle—the termination of a longitudinal furrow; the remains of a canal which in fœtal life extends the whole length of the spine.

Vesicle of Purkinje.—The germinal vesicle of the human ovum.

Vidian Canal.—Pterygoid canal, at the root of the pterygoid process of the sphenoid bone for the passage of the Vidian (pterygoid) nerve and vessels.

Wharton's Duct.—The excretory duct of the submaxillary gland.

White Substance of Schwann.—The medullary sheath surrounding the axis-cylinder of Purkinje, in the white nerve fibers.

Wolffian Bodies.—The primordial kidneys; two temporary glands preceding the genito-urinary organs in the fœtus.

Wolffian Duct.—Duct of the Wolffian body.

Wormian Bones.—Ossa triquetra; supernumerary pieces of bone, varying in size, situation and number, usually occurring where the tabular bones of the skull prove abortive, thus preventing a membranous interval.

Yellow Spot of Sommerring.—The macula lutea of the retina.

Zone of Zinn.—Posterior vascular zone; an arterial zone around the entrance of the optic nerve.

Zonula of Zinn.—The suspensory ligament of the crystalline lens.—*Arranged by Dr. H. W. Felter, and published in the Eclectic Medical Journal, Cincinnati, Ohio.*

The "Cool Sound" and Its Application in Urethral Diseases.

The "cool sound," or psychrophor, is a double current metal catheter without fenestra. The tubes for the inflow and outflow are provided with rubber tubing, the former being connected with a vessel containg cold water and placed at a higher level, and the latter terminating in a vessel placed on the ground. The catheter is introduced as far as the prostatic urethra, the patient lying on his back, and then the stop-cock of the afferent tube is opened and the current of cold water allowed to circulate through the instrumeut. This method was first introduced by Prof. Winternitz.

The effect of this procedure upon the healthy urethra consists in an increase of tone, the production of local anæmia, together with a diminution of the secretions. The sensation of cold experienced by the patient is usually described as very agreeable. Objectively there is observed an energetic contraction of the cremaster muscle, so that the catheter is held firmly when the attempt is made to withdraw it.

If hot water is employed, the same tonic effect is produced, but the secretions are influenced in a less degree.

The caliber of the instrument varies between Nos. 20 to 30, according to the size of the meatus. Irrigation of the urethra with an antiseptic solution is unnecessary, since recent experiments have demonstrated the impossibility of rendering the canal aseptic. The catheter must, of course, be disinfected, and is then anointed with a 10 per cent. ointment of salol and lanoline.

The urethral diseases in which the "cool sound" may be employed with advantage are as follows:

1. Inflammatory Conditions. This method is only useful in chronic inflammations of the urethra. In the latter stages of gonorrhœa the inflammatory process extends to the submucous layer, and gives rise to firm infiltrations and to thickening and narrowing of the urethral canal. In this condition little can be accomplished by internal remedies, or by local application of astringents and antiseptics. It is here that the "cool sound" proves efficient both on account of the mechanical dilatation produced by it, and the sedative and antipyretic effect of the cold. The procedure which is employed once daily, is carried out in the following manner: A catheter

of moderate caliber (Nos. 20 to 22 Fr.) is slowly introduced into the urethra, and allowed to remain from five to ten minutes, while water having a temperature of 50° to 53° F. is passed through it. Gradually instruments of larger caliber are employed and the duration of the sittings prolonged. As soon as the sensitiveness of the urethra has been reduced, water of a higher temperature (86° to 93° F.) is used for fifteen to twenty minutes. If the meatus is too narrow to permit the insertion of a large sized instrument, it must be incised. The result of this combined thermo-mechanical effect is rarefaction of the tissues, owing to the pressure of the sound and the softening and absorption of the new formation in consequence of the thermic irritation. The duration of treatment varies from three to four weeks.

Urethral strictures, which are also caused by sub-mucous inflammations, are treated in the same manner.

2. Urethral Neuroses. According to Ulzmann, sexual excesses and chronic gonorrhœa produce changes in the prostatic portion of the urethra which give rise to all sorts of reflex nervous disturbances. These conditions are associated with a hyperæmia of the prostatic portion, and followed by a hyperæsthesia, which in turn produces pollutions and neuroses of motility, sensibility and secretion.

The motility-neuroses appear in the form of a spasm or paralysis of the muscular structures of the anterior and posterior urethra. The spasm of the urethral muscles is shown by the fact that some time after the act of urination has been completed, a few drops of urine dribble from the urethra, which is due to the relaxation of the spasm.

Spasm of the prostatic and membranous urethra is due to the presence of erosions at the vesical neck, etc., and gives rise to considerable disturbance.

In the treatment of these two conditions the aim is to remove the hyperæmia and hyperæsthesia, and this is accomplished most efficiently with the "cool sound." A moderately sized, well-rounded instrument is carefully introduced and cold water allowed to flow through it for some time. In females, in whom these disorders are of frequent occurrence, a catheter having a somewhat different curve is of great utility.

Paretic conditions of the vesical sphincter are characterized by incontinence of urine, and here the psychrophor is of great value.

In cases of pollutions and spermatorrhœa the main element is a relaxation of the tissues, which manifests itself partly by an increased reflex irritability of the muscular layer of the seminal vesicles, ejaculatory ducts and urethra, and partly by an atony or paresis of these parts. As regards prognosis, two forms or stages must be distinguished: First, one in which there is marked hyperæsthesia, and second, one in which the urethra is not sensitive to instruments. It is in the first form that the psychrophor is chiefly indicated. The sittings should last from ten to fifteen minutes, and water of a temperature of 57° to 60° should be used. The procedure is resorted to daily for three weeks, and the caliber of the instrument is gradually increased, while the temperature of the water is reduced to 50° or 46° F. In the second form, which is much more obstinate to treatment, warm water is preferable, beginning with a temperature of 86°, and limiting the duration of the procedure to five minutes.

In spermatorrhœa the therapeutic indications are to improve the tonus of the smooth muscular layer of the ejaculatory ducts, and this may be accomplished both by the cool or warm sound. The former is first to be tried, and if the effect is not satisfactory the latter is resorted to.

The sensibility neuroses are frequently associated with those of motility and secretion. The symptoms comprise hyperæsthesia and neuralgia (abnormal and painful sensations in the fossa naviculare and middle of the pendulous portion). The pains sometimes appear in paroxysms. These conditions, together with neuralgia of the testicle, are frequently cured by this treatment. In sexual neurasthenia attended with impotence, the stimulation of the prostate by the application of cold, and preferably warm water, produces vigorous erections. In cases where there is precipitate ejaculation in coition, due to hyperæsthesia, the "cool sound" acts most efficiently; while in cases where ejaculation is retarded in consequence of a relaxed condition of the seminal vesicles and urethral muscles, warm applications are more suitable.

In neuroses of secretion, such as prostatorrhœa, which are due to chronic inflammations of the urethra, the same method of treatment is indicated.—*Dr. Brik, Vienna.*

THE AMERICAN INSTITUTE OF HOMŒOPATHY *will expect every member to do his duty this year. Matters of vital importance will demand action.*

Pre-Columbian Syphilis in America.

On the 4th of January, 1493, the Admiral Christobal Colon, better known to us as Columbus, sailed with his company from the West Indies, in the *Pinta* and *Nina*. They reached the shores of Europe by the following March. Ruy Diaz de Isla, a physician of Andalusia, stated that he had treated some of this company for syphilis, the symptoms of which had first appeared on shipboard before the landing. On the 14th of June of the next year, Nicholas Scyllatius reported syphilis as prevalent in epidemic form. The great captain, Gonzales Fernandez de Cordova, soon after left Spain, and in a second Italian campaign against the arms of Louis XII., brought his Spanish troops in contact with the French. Oviedo not only stated that the disease was introduced into Europe from the West Indies by the fleets of Columbus, but added that he was personally acquainted with some of the navigators who had acquired the disease from this source; and gives the name of one of these sufferers, personally known to himself, as also to their majesties of Castile. He is also authority for the statement that Cordova, when he was sent to Italy, had in his army persons who were known to be infected.

Six years after Columbus sailed from Hispaniola, the devout Las Casas writes of his Indian converts that they freely admitted the prevalence of the disease amongst themselves long before the advent of the Christians; and that the latter were far greater sufferers from the pestilence than the natives themselves. Sir Hans Sloane, who visited the West Indies in 1687, Robertson, the historian, and others whose names are as well known, have, after careful research, expressed their belief in the American origin of the malady.—*Dr. J. Nevins Hyde.*

The Hypodermic Administration of Iodine and Chloride of Gold in Pulmonary Consumption.

The case was a woman, aged twenty-eight, with consolidation at left apex and rather poor general condition. Family history was very bad. She had been treated along the usual lines for several months without any relief. The treatment was commenced with the iodine solutions, ten minims, containing one-twelfth of a grain. The injections were made in the gluteal region. The dose was gradually increased up to one-fifth of a grain. One injection was given daily.

After two weeks' use of the iodine the gold solution was commenced, one-fifteenth of a grain, and increased gradually to one-sixth of a grain, continuing the gold for two weeks, then giving the iodine for a week, then the gold for two weeks.

All other medicines were stopped. The inhalation of the chlorine gas has not, as yet, been tried in this case. The administration of the gold proved much less painful than the iodine. Now, as to results. Although the patient experienced no particular effect directly after the administration of the drugs, nor, indeed, at any time, as far as she could tell, due to their physiological action, after a few days the cough lessened and finally ceased, she gained in strength gradually but surely, appetite improved, bowels became regular, and sleep more natural. The throat still pains her at times, but is much better, not giving her half the trouble it did before the treatment. Weight has increased five or six pounds. Her whole appearance has changed for the better. Menstruation has become more natural, the physical signs show improvement, the rales are all gone, and the breathing is easier, fuller and more uniform, Temperature normal.—*Dr. Trimble, in Cincin. Lan.-Clin.*

Croup.

While the title of this paper is placed under the caption of "Croup," reference is here made to a condition more properly called "Spasmodic Laryngitis," the disease commonly arising in children, and following a cold, characterized by a catarrhal inflammation of the larynx, with pronounced symptoms of dyspnœa, especially on inspiration; together with a cough that is known to all families as a croupy one. The symptoms, however, need not be given *in extenso.*

The first attack that our boy had was when he was about four years old, and was a simple, every-day attack of croup, and lasted about a week. One night he was given medicine every quarter to one-half hour. The difficulty kept him awake; trying to treat him kept us in motion. The text-books were consulted thoroughly, and Aconite, Bryonia, Bromine, Cuprum, Ipecac, Kali bi., Spongia, Mercurius corr., etc., were tried in all sorts of potencies. He recovered from the attack, and from the medicine too; but we were on the outlook for treatment. Knowing that in some part of our materia medica there existed the proper remedy, search was made for it. As Bromine

low and high had been tried, at the suggestion of a friend a solution of the tincture of Bromine was used with an atomizer on the next attack, and given a thorough trial, as well as the indicated remedy. As something had to be done, recourse was had to an advertised remedy from the coal tar group, and judging from the letters of recommendation that accompanied the bottle, help was at hand. But it was smell, and not help, that the bottle contained; and the boy himself began to have doubts about the treatment. As the case increased in severity on the second attack, I found myself wondering what strange fate had induced me to study medicine, and probably many physicians will recall similar experiences when treating those who were dear to them. Some of us appreciate it to the extent that when sickness comes to our families another physician is called. Anyhow, the mother's anxiety began to evince itself in speech during the second trial, and from what I gathered from her remarks she felt as if, had she studied medicine, she would know how to treat croup. Another consultation with one of the Fathers of our School, and another remedy, and the uselessness of the change was distressing. At last I thought of Mercurius prot., as a remedy that should act well upon that part, and one that would be thoroughly homœopathic to the condition. It was given in the first centesimal, and the result was all that I had reason to expect. In twenty minutes the young man was sleeping and breathing quietly, and he got along without further annoyance. Subsequent attacks have yielded in the same manner. Others have tried it, and found it could be relied upon. As nearly four years of trial have been given it, it has ceased to be an experiment. When given at the first manifestation of hoarseness it aborts the attack, and effectually too. I have seen no occasion to give it more frequently than three hours apart, and then but for a day.—*Dr. C. S. Kinney, in Nor. Am. Jour. of Hom.*

Surgical Treatment of Intussusception.

1. Intussusception of the bowels is a strictly surgical affection, and should be treated as such from the beginning, on the same ground as a strangulated hernia.

2. Immediately after the accident has occured, peristaltic action should be arrested by emptying the stomach by an emetic or irrigation, by suspending stomach feeding, combined with the administration of opiates in sufficient doses to procure rest for the bowel at and above the seat of invagination.

3. Prompt arrest of peristalsis procure for the affected part the most favorable conditions to arrest further invagination and to effect spontaneous or artificial reduction.

4. Artificial means to effect disinvagination should be institued as soon as this form of intestinal obstruction is recognized or even suspected.

5. Rectal insufflation of hydrogen gas or filtered air is the most efficient and safest procedure in reducing the invagination, and, if employed sufficiently early, will prove successful in the majority of cases.

6. Inversion of the patient and complete relaxation of the abdominal muscles by the use of an anæsthetic, are important factors in rendering the inflation efficient.

7. Enterostomy and colostomy, according to the seat of the invagination, are only permissible if the patient's general condition does not warrant laparotomy.

8. Laparotomy in all other cases should be done as soon as the irreducibility of the invagination has been demonstrated by rectal insufflation.

9. In acute recent cases the swelling of the intussusceptum, caused by the circular constriction at the neck of the intussuscipiens, often proves a serious obstacle to reduction, and should be removed as nearly as possible by manual compression made direct or over a large aseptic sponge before attempts are made to reduce the invagination by traction.

10. Reduction of the invagination is accomplished most readily by making traction in opposite directions upon the bowel, above the neck of the intussuscipiens, and upon the sheath below the apex of the intussusception, combined with pressure against the intussusceptum in a direction from below upwards.

11. If adhesions between the apposed serous surfaces of the inner two cylinders resist reduction, they should be carefully separated with a Kocher's director or a small pair of straight blunt-pointed scissors, before traction is made.

12. After reduction has been accomplished the affected segment of the bowel should be carefully examined, and small patches of gangrene or rents of the peritoneal coat covered by stitching the peritoneum over them.

13. Recurrence of invagination is prevented most effectually by shortening the

mesentery by folding it in the direction of the bowel, and fastening the fold in this position with a few catgut or fine silk sutures.

14. If the external surface of the bowel presents evidences of gangrene, disinvagination should not be attempted, and in such cases a resection is absolutely indicated.

15. The resection, under such circumstances, should always include the whole intussusceptum, but only so much of the intussuscipiens as is threatened by gangrene.

16. If the continuity of the bowel cannot be restored by circular suturing, either on account of the difference in size of the lumina of the resected ends, or inflammatory softening, the same object is attained in an equally satisfactory manner, and more safely, by lateral implantation or intestinal anastomosis.

17. If the invagination is not extensive, but irreducible, and the bowel presents no signs of gangrene, obstruction should be allowed to remain, and the continuity of the intestinal canal restored by making an anastomotic opening between the bowel above and below the invagination, by the use of perforated decalcified bone plates.

18. If the invagination is extensive, irreducible, and the bowel presents no indications of gangrene externally, the intussusceptum should be made accessible through an incision below the neck of the intussuscipiens and resected after securing the stump with an elastic ligature, after which the obstruction is permanently excluded by an intestinal anastomosis.

19. In irreducible colico-rectal invagination, or when this form of invagination has been caused by a malignant tumor, the intussuscep should be drawn downward and removed by the operation devised by Mikulicz. —*Dr. N. Senn.*

Belladonna as a Prophylactic in Scarlet Fever.

Two years ago I was called to attend a case of scarlet fever, the patient being a girl five years of age. The disease, after running a severe course, terminated in recovery. There were two other children in the family, one younger, the other seven years of age. Upon my first visit I had both these children take a teaspoonful of a solution of belladonna (thirty drops of tinct. to three ounces of water) every three hours. The younger child showed symptoms of the disease two days after I commenced treating his little sister. The symptoms were sore-throat, vomiting, with pyrexia, the condition being similar in almost every respect to that manifested early in the scarlet-fever case. On the second day fever was lower, and sore-throat somewhat better. No vomiting. Third day, all symptoms better, child being convalescent. No rash appeared. I continued belladonna throughout. The elder child had no symptoms of the disease. While in attendance on other cases at this time I gave belladonna in other families as a prophylactic, with the best results.

I had another case during that same year in which the conditions were similar to those detailed above, and belladonna seemed to act as an abortive agent.

Last week I was called to a severe case of scarlet fever, the patient being a boy four years old. I put a little girl living in the house, on belladonna as a prophylactic, with the result that three days ago she had the sore-throat, vomiting, and pyrexia, all symptoms passing away on the third day, without rash.

[This report was published by Dr. W. Putnam, in the *Medical Brief*. Maybe some readers of the ERA could tell Dr. Putnam the name of the man who first taught the use of Belladonna as a prophylactic in scarlet fever.—ED.]

The Point of Election for Puncture of the Abdomen.

As is well known since the time of Munro, puncture of the abdomen is made in the centre of a line passing from the umbilicus to the antero-superior iliac spine. Trzebicky, who in following this rule in one case was annoyed by serious hemorrhage from the epigastric artery, has studied on thirty-six different cadavers the relationship of this artery and the line of Munro. He concludes that in a great majority of cases puncture made in the middle of Munro's line will not strike the epigastric artery, but in a certain number of cases the trocar may wound either the epigastric artery or one of its branches. Since the epigastric artery is found in the sheath of the abdominal rectus muscle, the point of selection for puucture must depend upon the situation of this muscle, especially when it is markedly stretched by the abdominal effusion. From an anatomical point of view, puncture in the linea alba is the least objectionable, but if the line of Munro is preferred, the puncture should be made on the level of the external half of this line.—*La Tribune Medicale.*

WORTH KNOWING.

Every case of acute general peritonitis is due to some gross lesion, mostly requiring operative treatment, and in women, the possibility of rupture of diseased appendages must not be forgotten.—*Dr. Morrison.*

It is said that the absence of the cremasteric reflex, is one of the best and readiest means of determining complete chloroform narcosis. The quickness and force with which the reaction is produced is some index of the degree of narcosis.

In chronic nephritis, climate and mode of life constitute the important parts of the treatment; it is doubtful if drugs exert any influence on the nephritis. A warm, dry climate and an out-door life are of the greatest importance.—*Dr. Delafield.*

Carbolic Acid is removed from the hands by bathing them for a sufficient time in alcohol and then anointing them with lanolin. After the use of corrosive sublimate solution, the hands should be bathed in a solution of common salt, one to fifty, then washed with soap and water, and finally rubbed with lanolin.

The list of antiseptics has been increased by two new drugs, aristol and europhen, which are recommended as substitutes for iodoform, and have proved their efficacy in various surgical affections. Owing to their freedom from disagreeable odor and poisonous properties, they bid fair to supplant iodoform in many conditions in which this drug is ordinarily employed.

The most recent contribution to the operative treatment of hernia has been made by Mr. Lawson Tait, who in a paper read before the British Medical Association, recommended that in every variety of hernia, median abdominal section should be performed, the intestine drawn up from within, and the ring closed on the inside with silk worm gut sutures.

In gynecological surgery the doctrine of conservatism as applied to the removal of the uterine adnexa is constantly gaining new advocates. While there is a general agreement as to the necessity of extirpating the tubes and ovaries when they have become irremediably diseased, there is a growing tendency to preserve these organs, if degeneration has not advanced too far.

By well known agencies, the deaths in Michigan from small-pox, diphtheria, and scarlet fever have been reduced by more than eleven hundred per year. But facts show that there still remain seven thousand deaths in Michigan yearly that could be prevented by isolation, disinfection, and vaccination.

The danger of cocaine in urethral surgery is thus summed up by Dr. Glenn:

1. Cocaine is a most potent and wonderful local anodyne, but not void of danger.
2. Its use should be positively forbidden in the recently cut or denuded urethra.
3. Prepared after the manner of Gluck (with phenol), it is equally unsafe to apply to an abraded urethra.
4. The use of cocaine in the urethra is attended with more risk than when applied to any other part of the body.

I hold that that surgeon, who unnecessarily leaves his patient in such condition that artificial assistance must be imperfect and unsatisfactory, is guilty of gross incompetence and criminal negligence, even if he be skilled in his methods of amputation and able to show a low rate of mortality. Surgeons should come to a full understanding of the relations between the stumps remaining after amputations and the appliances likely to be worn upon them, for while it is a fearful thing to lose a limb, it is much more fearful to be rendered a life-long cripple and suffer the necessary discomforts and inconveniences because of the lack of proper judgment on the part of the operator. —*Chas. Truax.*

There is no question that bichloride of mercury, under ordinary circumstances, is an excellent germicide, but in spite or the good results which have been reported, I am very much against the use of strong solutions of this drug in ophthalmia neonatorum. It is true that investigations have shown that a solution of 1: 10,000 will retard the vitality of certain bacteria—for example, staphylococcus pyogenes aureus; but in ophthalmia neonatorum and in gonorrhœal ophthalmia, the characteristic behavior of the gonococci is their residence within the living cells, and under these circumstances I do not believe it is possible for irrigations of birchloride of mercury to act in their ordinary germicidal function. Moreover, I am convinced from clinical and direct histological experience that strong solutions of sublimate have a distinctly deleterious effect.—*Dr. Schweinitz.*

COLLEGE NOTES.

CHICAGO.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Tooker:—Dimitin is almost a specific for post-scarlitinal dropsy with retention of urine. It should be given in large doses until the desired effect is obtained. No case of suppression of urine can resist its action.

Prof. Kiffax:—Uranium nitricum is frequently indicated, and a valuable remedy in treatment of gastric ulcer. It is of more service than Arsenicum, which remedy ranks next in usefulness.

Prof. Hood:—Constipation is readily and easily cured by the use of the faradic current. Peristaltic action can be excited by means of the double electrode when all remedies and drugs have failed. Insert the electrode into the rectum and use strong current. Use one cell, and draw the helix clear out for very stubborn cases.

Prof. Hobart:—Lachesis 200x is of great value for the dry cough following la grippe.

Prof. Buffum:—Plantago major will cure nine-tenths of all cases of otalgia where the pain extends up to the ear from the teeth, or when it is caused by decayed teeth.

Prof. Blouk:—As an article of. diet in typhoid fever, cold beef tea, made by covering chopped raw beef with water to which has been added a few drops of hydrochloric and a little chloride of sodium. Let stand a few hours and then use the fluid.

Prof. Foster:—In labor the pulse can always be relied upon to indicate the condition of the patient. If your patient's pulse is 72 you may rest assured that she is all right, and there is no doubt about her being a well woman.

When you find a thin tissue-paper os you may count upon a long tedious labor. With a thick pliable os you can feel certain that labor will progress easily, and you will have a speedy delivery.

Craniotomy is often performed when it is not necessary. In my obstetrical experience I have rarely met with a case where it was called for, and in those few cases the child was dead.

MINNEAPOLIS.

UNIVERSITY OF MINNESOTA.

Prof. Aldrich says:—Some allopathic writers, evidently not believing in *similia*, express great surprise because antipyrine not only causes but cures itching dermatoses.

Lichen planus affecting the whole body has been cured by using hot douches, followed by short cold affusions; which treatment not only relieves the itching and the skin affection, but also benefits nervous exhaustion, which was a large factor in its causation.

Prof. H. C. Leonard says:—It is not only proper and legitimate, but your duty to give chloroform in the second stage of labor. It is entirely safe if properly administered. It is absolutely imperative in cases where mitral disease exits. It quiets the nervous erethism which accompanies disease of the valves. If a woman cannot stand chloroform she certainly cannot stand labor.

In cases where there is a history of flooding at previous labors, or of profuse menstruation, arnica 30 to 200, 1 to 3 weeks before labor, has done me good service.

Prof. Matchan says:—Never prescribe Aesculus for piles unless the patient has the sensation in the back as if there was a piece gone, no matter what other symptoms they have, whether heart disease or a leg off.

Belladonna has one symptom that no other remedy in the materia medica but the stove has—you can feel the radiated heat.

Pulsatilla is a specific for gonorrhoeal rheumatism.

NEW YORK.

HOMŒPATHIC MEDICAL COLLEGE.

Prof. Allen says:—As long as a person's system is sur-charged with mercury the action of syphilis can be arrested, but it does not seem to help eliminate the poison or produce a perfect cure.

One of the great features of syphilitic poisoning is the usual secondary affection of iritis. I have known of thousands of cases of mercury poisoning, but without a single case of inflammation of the iris. This goes to show that the natural disease of syphilis and the artificial disease produced by mercury are dissimilar in their pathogenesis.

If rheumatism be suppressed by salicylic acid there is a strong tendency for it to return with renewed force. The patient does not recover from it so quickly, and is liable to have more or less heart affection following it.

Antipyrine for pain; quinine for malaria; mercury for syphilis, and salicylic acid for rheumatism, is very pernicious treatment.

The phosphorus and phosphoric acid patient is usually dull and stupid; society is

distasteful to him. He has dizziness on rising out of bed, with great dullness of the head. Conium has a similar vertigo on turning over in bed. Nausea with vertigo under cocculus, and blurred vision under the gelsemium vertigo.

Prof. Helmuth says:—The success of the operation of laparotomy for hysterectomy and ovariotomy depends upon the amount of exposure and handling of the intestines, the skillful application of the pins and elastic ligature, and the extra-peritoneal treatment of the pedicle in cases of hysterectomy, and the intra-peritoneal treatment of the pedicle in cases of ovariotomy.

Prof. Deshere says:—In treating indigestion in children when the stomach has been so irritated that nothing seems to remain down, the white of eggs and water, equal parts, with sufficient sugar to barely sweeten it, will be easily retained. Sometimes the child will take the white of twelve or fifteen eggs in twenty-four hours.

Prof. O'Connor says:—A person having an epileptic spasm can be known from one who is shamming by the fact that the latter is liable to have his thumbs turned out, his eyes sensitive to light, and the eye-balls movable.

Prof. Beebe says:—If you make a diagnosis of quinsy, which is peritonsilitis, while it is coming on, you can usually avert it by often repeated gargles of water as hot as can be borne, and the internal use of sulphite of calcium, using it in 1-10 grain doses in the form of pellets or tablets, taking a dose every two hours.

CLEVELAND.

HOMŒOPATHIC HOSPITAL COLLEGE.

Prof. Biggar:—For erectile tumors don't use the knife. Give *Lycopodium* 30.

For the opium habit give Capsicum.

Prof. Phillips:—Do not forget that Mercurius biniodide, Belladonna and Pulsatilla each at the 6th, are capital remedies for subacute aural catarrh, characterized by twinges of pain or occasional dull aching deep in the ears, together with ringing and impaired hearing. A study of each particular case, with a knowledge of the peculiar action of remedies, is the only sure road to a correct prescription. The more recent the case the better prospect of relief.

Do not forget that it is as difficult to tell a physician how to treat catarrhal or suppurative otitis as it is for one physician to tell another just how to treat rheumatism or ague.

Prof. Eggleston:—According to my observation there are three conditions of the tongue which are reliable signs of faulty processes which pertain to digestion, as such, and, as well, they indicate the character of the faulty process:

1. The tongue is broad, pale, flabby; the papillæ may or may not be enlarged; it is wet, looks sodden and saturated, and takes the imprint of the teeth. This indicates *atony of the stomach*, which includes its fibrous, mucous and secretory structures. Watery mucous is secreted in abundance, which dilutes the gastric juices proper, and they are further diluted by the same causes.

2. The tongue is more pointed and redder than usual, and may even look raw, especially at tip and edges, when the papillæ stand out as vivid red points.

This is the *irritable tongue*, and indicates irritation and hyperæmia of the lining membrane of the stomach, from whatever cause; the ingestion of indigestible substances; concentration of gastric juices, or their faulty chemical composition.

3. A combination of both the preceding. The tongue appears moist, sodden and swollen, and perhaps pale, as in the first case, and with red tip and edges and enlarged papillæ as in the second case; it may also have a pretty uniform thick white or brownish fur.

Typical cases of this form are dyspeptics who eat hurriedly or excessively. The cause is simply this: The stomach cannot dissolve the mass by reason of quantity or quality, hence an irritating mass; it secretes juices over-abundantly to meet requirements, but they are of deteriorated quality, hence the atony. Other causes leading to the same conditions are found in over-fed convalescents.

Mark this: The *color* and other conditions of the *substance* of the tongue are of far greater diagnostic importance than the coating upon it.

Prof. Martha A. Canfield:—Never use a pessary when there is any inflammatory condition of the uterus. It will do more harm than good.

Never replace the uterus with a pessary, but adjust one after the organ is replaced in as nearly a natural position as possible.

The negative pole of the galvanic battery applied to a tight sphincter dilates it quickly and safely.

Prof. Pomeroy:—Rectal dilatation is a good method of inducing respiration in an apparently dead babe.

Chloroform given to an obstetrical degree will not induce hemorrhage.

The frequency of the first position, L. O. A., explains the fact that the uterine cervix is more frequently ruptured on the left side.

BOSTON.

UNIVERSITY SCHOOL OF MEDICINE.

Profesor Horace Packard says:—The knee joint is very complicated and on this account especially subject to disease, as tuberculosis, rheumatoid arthritis, gonorrhoeal arthritis (gonitis), and gonitis sicca. An injury is often the exciting cause. Swelling, redness, inflammation, suppuration, the formation of an abscess followed by fixation are likely to result, especially in persons of a tubercular diathesis. Therefore, treat even slight injuries with rest, compresses, massage with hot olive oil.

Compresses of calendula and various other applications, according to the indications. If tuberculosis sets in, the application of an ice bag is excellent. The bacilli cannot live in a temperature much below that of the human body.

I am a believer in the early removal of malignant tumors of the breast that appear after the age of twenty-five. I believe in the local origin of these growths, that systemic poisoning occurs long after the local appearance and that early extirpation ends the trouble. In these operations, always clear the axillary space.

Prof. E. E. Calder says:—In making a chemical analysis in a case of suspected poisoning bear in mind; first, that a person may die from the effects of the poison and not a trace of its presence be discoverable in any part of the body, and second, that the mere discovery of poison in the food or drink taken, or in the body after death, is not in itself a proof that it occasioned death.

There is no legal definition of a poison.

Prof. J. L. Coffin says:—Arsenicum produces a hyperæmia of the skin, which is not a desirable condition in acute eczema, while in eczema of a chronic form such hyperæmia may be of advantage. Do not prescribe Arsenicum indiscriminately in affections of the skin.

Any bullous eruption in an adult person is a serious matter.

Poof. Boothby says:—In reducing a hernia, do not press from below upward, but use more pressure above. Compare with pushing a rubber ball through an opening. Grasp the hernia just outside the constricted portion and apply the pressure at this point. Reduction is comparatively simple.

In your surgical work, remember that it is always easy to control hemorrhage if you cut down through the diseased to healthy tissue.

It is of importance to determine whether a tumor that can be felt beneath the abdominal wall be within the abdominal cavity or behind it. Palpation will decide. Place one hand on the patient's back and with the other press down the abdominal wall. If the tumor be posterior to the peritoneal cavity, the pressure will be transmitted to the back and the outline of the tumor will be felt. If, on the other hand, the tumor be contained in the peritoneal cavity, it cannot be felt in the back on acconnt of the thick tissues which intervene.

In a clinical case, a man's hand had been crushed between the wheel and the sideboard of a delivery team, and had suffered an injury to the head of the third metacarpal bone, in which there was deformity.

In these cases be on the safe side and treat for a fracture. Never mind making a complete diagnosis—it is likely to result in complete fracture that will be difficult to heal. Correct the deformity and apply splints.

I put up my fractures immediately in a temporary splint and in three or four days remove the dressings. The parts are relaxed, the swelling has gone down and it is easier to make a diagnosis. Then after the parts are adjusted the permanent splint is applied.

In the treatment of wounds, do not apply antiseptics so frequently that granulation is prevented.

Prof. Smith says: Suppressed foot sweating may be the cause of tonsillitis, bronchitis, serous diarrhœa or axillary abscesses. A flaxseed meal poultice (applied at night) may be necessary to restore this function of the feet. A bath at night in salt and water will put the whole skin into condition, so that it will assist the feet in relieving the system of morbid material. After this bath dry the patient, not by brisk rubbing with a bath towel—a towel often does violence to the skin—but allow them to dry, wrapped up in a sheet and blanket. The skin becomes soft and velvety. This method will secure one against coryza, as it did one man for twenty years.

THE coroner recently made a post mortem on the body of a woman who had committed suicide, and found that there was a complete transposition of all the viscera, the heart being on the right side, the liver on the left, the pyloric end of the stomach on the left, and so with all the organs of the body.

THE citizens of Chicago who are paying for a greater amount of gas than they burn find that it is due to careless reading of their meters by medical students, who are employed by the gas companies for that business. It is said that the students would sit in their own rooms with their feet on the table and chair tipped back and guess at the state of the meters.

MY ATTENTION was recently called to two preparations of the Phenique Chemical Co., of St. Louis, Mo., viz : Campho-Phenique and Chloro-Phenique. I have had many opportunities of using both of these preparations and can only say that I have used them with intense satisfaction. To me it is a satisfaction not to meet with the former salutation, "Doctor, you have been using that stinking Iodoform." I can enter a house now and not be traced by my smell. I bind up a crushed finger with Campho-Phenique and remove the dressing a week afterward, with not a suspicion of fetid odor or formation of pus.—*Dr. W. C. Baker, Hummelston, Pa.*

EVERY one in need of information on the subject ot advertising will do well to obtain a copy of "Book for Advertisers," 368 pages, price one dollar. Mailed, postage paid, on receipt of price. Contains a careful compilation from the American Newspaper Directory of all the best papers and class journals; gives the circulation rating of every one, and a good deal of information about rates and other matters pertaining to the business of advertising. Address ROWELL'S ADVERTISING BUREAU, 10 Spruce st., New York.

"IN the pyrexia produced by exposure to the rays of the sun, which is common in India and in our large cities during the summer solstice, Antikamnia, in addition to cold douches, is the best remedy. Aatikamnia reduces temperature by increasing radiation of heat from the body, and diminishing heat production. It stimulates the glandular system, particularly the sudorific glands. In many cases its action as a diaphoretic is phenomenal."

SPECIAL ARTICLE.

ANTIKAMNIA.

(Opposed to Pain.)

"Our attention has been frequently called during the past year to the claims made by the progenitors of Antikamnia, and as a result after careful investigation we submit the following as a compendium of our examination of its pathological and physiological action."

The therapeutic properties are, Antipyretic, Antithermic, Analgesic and Anodyne. KLEMERER, of Germany, makes a distinction between antipyretics and antithermics. He says, "Antithermics act only on the temperature; that is, they influence its reduction, while antipyretics influence the *cause* of the high temperature."

Fever is an acute derangement of all functions, the most important of which are acceleration of the heart's beat, and disturbance of the circulation; nervous disturbance; elevation of the bodily temperature; disturbance of nutrition, including secretion.

These four groups of symptoms may have one or two relations. One condition may be the cause of the other, or they may all be simply the result of a common cause. The nervous disturbances of fever may be summed up as a paresis or convulsions, stupor, coma or delirium.

JERGENSON has found that there is a regular diurnal variation of temperature in health, precisely similar to that which is known to occur in fever thus, the 24 hours is, as far as human temperature is concerned, divided into a diurnal and nocturnal period.

BURDON SANDERSON says: "The only material difference between the conditions is that in fever the normal is 3°.267° F. higher."

In health, there is in man a fixed mean and a normal temperature, having a regular rhythm, and this variation is beyond the control of all disturbing causes, which do not force the organism beyond the condition of health. The maintenance of the normal temperature and its rhythm is dependent upon the nervous system, which within certain limits controls both the production and dissipation of animal heat.

So far as our present knowledge goes, the chief factor in controlling heat dissipation, is the vaso-motor nerves, including in man such nerves as control sweat secretions; these nerves being able by contracting the capillaries of

the surface of the body and by drying the secretions of the skin to reduce the loss of heat to a minimum, and by a reverse action to increase it to a maximum. The only nerve centre proven to exist, capable of influencing the heat production without affecting the general circulation, is situated in the pons varolii or above it, and whilst it may be a muscular vaso-motor centre, it is more probably an "inhibitory heat center." Of which ever nature it may be, it must act through subordinate centers situated in the spinal cord.

In fever, vaso-motor paralysis, when produced, is followed by an immediate fall of temperature. Fever is, therefore, a state in which the depressing poison or a depressing peripheral irritation, acts upon the nervous system which regulates the production and dissipation of animal heat. Owing to its depressed state, the inhibition centre does not exert its normal influence upon the system, and consequently tissue change goes on at a rate which results in the production of more heat than normal, and an abnormal destruction add elimination of the materials of the tissue. At the same time the vaso-motor and other heat dissipating centers are so benumbed that they are not called into action by their normal stimulus—elevation of the general bodily temperature, and do not provide for throwing off the animal heat until it becomes so excessive as to call into action, by its excessive stimulation, even their depressed forces. The nerve centers, in some cases, seem to be completely inhibited. Antikamnia removes the pressure, by dilating the capillaries and the other vascular vessels, thus causing local congestion to disappear. It reduces the pulse rate, thereby slowing the heart. It controls the vaso-motor nerves, besides calming the whole nervous system, and thus has a general soothing effect. It is a valuable remedy as an antithermic; its action in this regard is well marked, sometimes reducing the temperature 2° to 3° F. in a few hours. It seems to have a better effect on the high evening temperature than upon the high diurnal temperature. An extreme degree of fever, with or without complications, is dangerous and must be controlled; in addition to the direct subtraction of heat by cold applications, we must, with caution, have recourse to antipyretic remedies. A distinction must be drawn between fever and its pathogenic agent. Such an antipyretic as Antikamnia may not act on this agent, but may have an independent action, therefore, have only a transitory effect, or it may influence this agent in the same manner that quinine does the germ of malaria or influenza.

An additional advantage gained in typhoid fevers and all gastroenteric fevers by the administration of Antikamnia in moderate doses, is that the alimentary canal is rendered alkaline, and kept in an antiseptic condition, and this is a most important condition to maintain in the treatment of all fevers.

The best results are obtained with Antikamnia when exhibited in small doses, repeated at proper intervals, and the most desirable vehicle is sherry wine or diluted brandy.

The duration of the effect of Antikamnia is longer than that produced by any of the other coal tar derivatives. It also seems indisposed to produce sub-normal temperature, as some of the others do.

In some cases it has marked action on the mammary glands, producing an increase in the flow of milk. Antikamnia can be given to children without any ill effects, and is a reliable remedy. In pertussis, it keeps the paroxysms in check, and makes the patient more comfortable than any remedy we have. The cyanosis induced by its administration is *nil*, unless there is a peculiar idiosyncrasy, which is found sometimes, producing manifest heart disturbance. These are to be overcome by stimuli, or intravenous injections of salt. Antikamnia acts admirably in the after-pains of labor, in dysmenorrhœa, hemicrania, migraine, ordinary sick or nervous headache, in the pains of locomotor ataxia, the various neuralgias, epilepsy, and in the aching pains produced by *la grippe* and dengue. It exerts a decided beneficial influence in bronchial and pneumonic troubles, as well as the fever of phthisis.

It acts as an analgesic by obtunding the sensibilities of the vaso-motor and sensory nerves. It seems to tranquilize the ganglionic centers of the whole nervous system, and has but slight action on the brain. We mean by this, that it does not stupify or produce unconsciousness. It seems to have no disturbing influence on the kidneys. It has a happy effect in nearly all neurotic troubles, and is destined to occupy a permanent position in therapeutics.

Antikamnia is of the Amido-Benzole series, in combination, and is much to be preferred to any other of this class of derivatives."

Happy and content is a home with "The Rochester," a lamp with the light of the morning. *For Catalogue, write Rochester Lamp Co., New York.*

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Books, Exchanges, MSS., and communications intended for the Editorial Department, should be sent to

CH. GATCHELL, M. D., *Ann Arbor, Mich.*

PERSONALS.

DR. CHAS. D. RICH has moved his office and residence to 2979 Calumet avenue.

DR. G. A. GORDON, formerly of Sandusky, O., has located in Charleston, W. Virginia.

DR. A. P. BOWMAN, formerly of Le Mars, Iowa, has bought an interest in the Drake Sanitarium, of Sioux City, where he and Dr. J. H. Drake have a model institution for the treatment of chronic diseases.

MEDICAL STUDENTS who are subscribers to the MEDICAL ERA should inform this office promptly by postal-card of change of address. Unless this is done the ERA will not reach them.

ALLEN'S *Encyclopædia* for sale; half morocco, X. Vols. Also Allen's General Symptom Register of the Materia Medica. To be sold cheap. Address "M." ERA Office.

FOR SALE.—A first-class "Von Dolcke" electric battery—rosewood case—nearly new. Cost seventy dollars ($70); will be sold at a bargain. F. D. HILLS, 213 Fifty-third St., Chicago, Ill.

OBITUARY.

JOHN W. DOWLING, M. D., of New York, died January 14, aged 55 years. Dr. Dowling, ex-president of the American Institute of Homœopathy, and at one time Dean of the New York Homœopathic Medical College, was widely known, and his death will occassion sincere regret on the part of every member of our profession.

Announcement—Illinois Homœopathic Medical Association.

DEAR DOCTOR:

Shall we not depend upon you to aid us in making the Illinois Homœopathic Medical Association a power to demand our rights? An asylum is due us, and by a united effort of all the homœopathic physicians in the state it cannot be denied.

It is certainly your duty, if not your pleasure, to give the society your support and aid in the advancement of the true science of medicine. We should get in line for '93, when our society must entertain the American Institute, and make itself a power in the great exposition.

Please send in your application at once, that we may have a place for you in the May meeting. Fraternally yours,

W. A. DUNN, *Secretary.* C. A. WEIRICK, *President.*

THE MEDICAL ERA, *Chicago, Ill.*

EDITOR: I am glad to be able to inform you that the homœopathic physicians of this city have organized a society to help on with the good work our school is doing, under the name of the Springfield and S. W. Missouri Homœopathic Medical Association.

A. H. GIFFORD, *President.* W. C. MCDOWELL, *Secretary.*

Springfield, Mo., Feb. 20, 1892.

FOR SALE.—Practice. In a large city. Well established, averaging $300 a month. Splendid opportunity to acquire a lucrative practice for a small outlay. Address "DOCTOR," care of W. H. Bean, 914 Main St., Kansas City, Mo.

W. B. SAUNDERS announces the early appearance of several important works: An American Text-Book of Surgery, by Drs. Keen, White, Burnett, Conner, Dennis, Park, Nancrede, Pilcher, Senn, Shepherd, Stimson, Thomson, and Warren; also an American Text-Book of the Theory and Practice of Medicine, edited by Dr. William Pepper, to be completed in two royal octavo volumes. The writers for this work are Drs. J. S. Bilings, Francis Delafield, R. H. Fitz, James W. Holland, E. G. Janeway, Henry M. Lyman, William Osler, W. Gilman Thompson, W. H. Welch, James T. Whittaker, James C. Wilson, and Horatio C. Wood. These books will be sold by subscription.

THEY SAY

THAT alcohol is the mother of sorrow.

THAT the average life of physicians is fifty-six years.

THAT Lucifer was the first person on record to be helled up.

THAT few men give their critics the attention they deserve.

THAT the rain producers will next try to make the rain dear.

THAT the longing to die is often mistaken for the need of a nap.

THAT most people make the same mistakes in the same old way.

THAT no man is so sanctified as to smile when he pays his taxes.

THAT the man who knows just what he wants knows a great deal.

THAT draft riots are scraps caused by people not shutting the door.

THAT people are scarce who are satisfied with their neighbor's religion.

THAT you can often measure a man's debts by the size of his diamonds.

THAT if wishes were horses all beggars would want to ride in Pullman cars.

THAT a button on your shirt is worth two down the back of your neck.

THAT some very hopeful people imagine that most any aspect is a prospect.

THAT in society people try the hardest to please those who love them the least.

THAT a man's greatest trouble is the one that he can't blame on any one else.

THAT it is a great deal easier to jump out of the frying pan than it is to jump out of the fire.

THAT the gist of the labor question is "Who's going to get up and start the fire?"

THAT men often say "I'll tell you what kind of a man I am," but they never do so.

THAT the man who was tarred and feathered said he had been engaged in tar-get practice.

THAT thirteen at table is an unlucky number when there is only dinner enough for twelve.

THAT it is easier to forgive an enemy we have whipped than an enemy who has whipped us.

THAT if you convince a man against his will you will have to do it over again the next morning.

THAT a great man never swaggers, but the man who thinks that he is great does nothing else.

THAT when a man offers to produce evidence to prove everything he says, you'd better let him do so.

THAT after some men have heard themselves say a thing they go around telling that the world said it.

THAT the first duty of a good citizen is to keep his nerves strong and his digestion in good working order.

THAT into each life some rain must fall, and half the time you'll get caught in it without an umbrella.

THAT the doctor who can cure a case of chronic dyspepsia can name the next president of the United States.

THAT it is evidence of great thrift for a man to send to the laundry 17 pairs of cuffs, 26 collars and one shirt.

THAT there's no place like home, but that's no excuse for loafing there all the time instead of going out and hunting up a job.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. X. CHICAGO, APRIL, 1892. No. 4.

AMERICAN INSTITUTE OF HOMŒOPATHY.

At the Washington meeting of the American Institute several matters of vital interest to our school will be considered. Not the least of these is the action now being taken by the American Medical Association to have a medical officer in the President's cabinet.

The attractions offered by the city of Washington, and the programme arranged by the local committee should insure a large attendance. The National Theatre will be the scene of the opening night, and many of the Nation's public men will be present. PRESIDENT KINNE'S address will be delivered at this time; that it will be well worthy of the occasion none can question. Music will be furnished by the celebrated Marine band.

Every detail looking to the comfort and pleasure of the guests of the Institute has been carefully provided for. There will be a trip to Mount Vernon, carriage rides to various points of interest, and evening entertainments for all.

But, above all, the Washington meeting will be of importance in matters affecting our school in its relation to state medicine. The Committee on Legislation will present a report for the Institute's action. Every member of our school should be on hand.

DR. J. G. B. CUSTIS, chairman of the Committee of Arrangements, supported by his colleagues, has all preparations far advanced. The business meetings will be held in Cornwall's Hall. Willard's Hotel, directly opposite, will be headquarters, while the Ebbitt and Riggs will take the overflow.

At the time of this meeting Congress will still be in session, and it is probable that matters important to our school will be presented to that body.

AUXILIARY HOMŒOPATHIC CONGRESS OF THE WORLD'S COLUMBIAN EXPOSITION.

The year 1893 will be a memorable one in the history of Chicago. The greatest exposition that the world has ever known will be visited by several million people. Among the many notable features of this great occasion will be the coming together of men of science in all departments of human knowledge. Ample provision for such conventions will be made by the authorities of the World's Columbian Exposition.

The preliminary announcement that has been sent out by Secretary BUTTERWORTH we present on page 124. From it they will obtain a better knowledge of the nature and scope of the plans than could otherwise be conveyed.

It will be seen that there will be a Congress of Homœopathic Physicians and Surgeons. This gathering will be the most important, probably, that our school has ever had. It will, of necessity, partake of an international character, since physicians from all parts of the world will be invited to take part, and many will be present.

The profession of the United States will be called upon to aid in making the Congress a brilliant success.

THE DEPARTMENT OF HEALTH.

A public officer is a public target.

When a man has fault to find he is never happy until he has found a victim for his fault-finding. For some time past this city has been suffering from a number of nuisances,

all prejudicial to the health of the people, and certain members of the medical profession have persistently laid all the blame on the Health Commissioner. This is an easy thing to do. In matters of the kind, where will you find a more conspicuous target than the city's Health Commissioner?

But in so doing the "certain physicians" are wrong. We venture to say that Chicago never had a more accomplished, efficient, or honest sanitary officer than the one who holds that position at the present time. He is ably carrying out every provision of the law so far as the law gives him power. If corrupt aldermen force upon the department "bums" and "ward-heelers" to act as sanitary inspectors, that is not the fault of the Health Commissioner. Neither does he have control of the matter of supplying the city with water; he does not let the contracts for scavenger work; he does not do the city's plumbing, and yet these solons would hold him responsible for every defect in every department of the city's government which affects the health of the people. This is unjust, unreasonable, and, we believe, insincere on the part of those who are active in the matter.

Give to Dr. J. D. Ware, Chicago's present Health Commissioner, jurisdiction over all these matters, with suitable laws and power to enforce those laws, and in the department of public health no city in the country will be better served than the city of Chicago.

ILLINOIS WESTERN HOSPITAL FOR THE INSANE.

The homœopathic medical profession of the State of Illinois has a contract on hand. It involves the matter of securing the establishment of a hospital for the insane which shall be under homœopathic medical control.

The present state institutions of the kind are overcrowded. Another one is demanded. Our school now occupies a position by virtue of which it is justly entitled to such representation. In point of numbers, in the amount of taxes paid by our adherents, and in demonstrated skill in treating the class of cases received in a hospital for the insane, our school can present a bill of particulars which will convince any unprejudiced person of the justice of our claim.

Success in this matter can only be attained by active effort on the part of the members of our profession. The effort can best be made by the physicians living in the various counties and districts of the state bringing it to the attention of their respective representatives. Such method is far more effectual than to wait until the legislature has convened at Springfield.

A bill has been drafted which will be introduced at the next session of the state assembly. That part which refers to the subject in hand reads as follows:

Section 4. Said hospital shall be under the immediate management and control of a superintendent, to be appointed and removed by said board of trustees at pleasure, whose salary shall be fixed from time to time, by said board. Said superintendent shall be a graduate in medicine and surgery from some reputable medical college, and of acknowledged skill in his profession. He shall be a physician of that school of medicine known as homœopathic. He shall appoint all subordinate officers and employes, with the assent of the board of trustees.

The bill that was introduced at the last session would have become a law but for the machinations of one man.

The profession should see to it that this does not happen again.

A NEW RULING.

The Illinois State Board of Health has taken another step in the right direction. It has decided not to recognize foreign diplomas which do not entitle the holders to practice in the countries in which such diplomas are granted. Heretofore anything that went by the name of diploma has been accepted, and graduates of the University of Berlin, Breslau graduates, and those of Griefswald and Halle, have been permitted to practice in Illinois when they could not do so in their own countries. According to a recent ruling of the Board in future licenses to practice will not be issued to the holders of such documents.

Until an American diploma will permit its holder to practice in European countries no foreign diploma should entitle its holder to such privilege here. We believe in reciprocity.

TOBACCO-HABIT.

A correspondent of the ERA writes to ask if we can tell him of a "sure cure" for the tobacco-habit. He has several patients who are anxious to be released from slavery to the weed.

We invite readers of the ERA to send us for publication the result of their experience in the treatment of this condition. The day has come, we think, when the man who is a "total abstainer" from tobacco is less of an oddity than he was years ago, though he is not making very much noise about it; and certainly any one who wishes to join the silent minority led by "little Robert Reed" is entitled to receive what aid he can.

We have known of many instances in which the habit has been stopped by joint resolution; but if some men need other aid, let it be given.

ASAFŒTIDA FOR GRIPPE.

KEELEY says that asafœtida is a sure cure for the "grip," and what KEELEY says, goes! —with the newspaper press.

What a pity KEELEY did n't announce his discovery sooner! Now, at the tail end of the third epidemic of the disease, he "gives away" the name of the remedy, and, in the dogmatic manner begotten of his entrenched position behind the sheltering arms of the newspaper press, he declares that he has discovered another "specific."

Had this announcement been made thirty months ago, there need have been no second, and, hence, no third, epidemic of *la grippe*.

It is remarkable how much a doctor can make the people believe when he has a great and powerful Chicago newspaper to back him! We have been waiting many years for this same paper to write the final chapter on the subject of the sulpho-carbolate of soda, phenic-acid, and blue-glass.

OPINIONS EXPRESSED.

Great is neurasthenia, for only the Lord knows what it is and what it isn't.—*Dr. S. V. Clevenger.*

A physician can by no possibility be in the vanguard of progress unless he be receptive of all that is good, let its source be what it may.—*Dr. F. Park Lewis.*

Although we can never know the nature of that which is revealed to us by our senses, yet the constant order of its manifestation is a thing we can learn and is only another term for natural law.—*Herbert Spencer.*

Pain given to a patient, whether in the dressing of a wound or in the examination necessary to make a diagnosis, is a fertile cause of unrest, and should be avoided by every means in our power.—*Dr. Chiene.*

The facility with which hypodermic injections can be made and their possible results when long continued make it the duty of the physician to be careful when he adopts such a line of treatment.—*Henry A. Riley.*

Hahnemann devoted years to the proving and reproving of drugs, thus developing a knowledge of drug effect far surpassing in accuracy and scope that attained by any other one original investigator within the history of medicine.—*Dr. Aug. Korndœrfer.*

Where syphilis kills its tens, gonorrhœa kills its thousands; and it would take the sufferings of a hundred cases of syphilis to make up for the long, weary years of agony of one case of gonorrhœal pyosalpinx.—*Lawson Tait.*

I am convinced that much of the *clinical evidence* in *favor of cure* by medicine is very incomplete, and has been greatly overestimated, and the same remark applies to *the dose*, especially above the twelfth centesimal. —*Dr. A. C. Clifton.*

Some one has been so unkind as to suggest that the "Hahnemanniac" is suffering from some form of mental disease and that he is a proper subject for treatment. If this be true we would suggest platina as the probable similimum, as in most cases will be found the symtom "arrogant, proud, haughty; everybody seems small and inferior; looks down on others with pitiful contempt."—*Dr. A. C. Cowperthwaite.*

ORIGINAL ARTICLES.

IODIDE OF LIME IN CROUP.

By ALBERT G. BEEBE, M.D.
CHICAGO.

IN the February number of the ERA I said I would like some time, if the Editor would permit, to say a few words as to one other use of this remedy besides that there mentioned.

The Editor has consented and I, therefore, desire to call attention to this special preparation in the treatment of *croup*.

I still have a vivid recollection of my first case of membranous croup. It was so far advanced that within a few hours after I was called the child was asphyxiated and only restored to life by tracheotomy, which I was fortunately on hand to perform.

However, it only prolonged the struggle two or three days, when the membrane invaded the bronchi and left me no further resource. Not long after that I came upon a similar case, and, with the former result fresh in my mind, I was not adverse to the suggestion of a consultation. Accordingly, my classmate, Dr. R. N. Foster, was called and suggested the use of Calcarea jod. 3x, which means, as usually dispensed, the Iodide of calcium.

Instead, however, of following his suggestion exactly, I gave the Iodide of Lime (such as I described before), and with such happy results that I have depended upon it ever since, and that must be now fully twenty years. I do not think that during that time I have ever treated a case without this remedy, at least until the disease was under control, when I usually "wind up" with Hepar. Whether I have ever had a case of membranous croup in that time I do not know; at least, I have not seen any evidence of membrane; I have never had a case die with croup since then, nor even one that seriously threatened to do so.

Croup, in my experience, has come to be a thing to smile at, but never to be afraid of. I have such unbounded confidence in my Iodide of Lime that I very seldom even go to see a case of croup. Indeed I am not often called, because my regular patrons who have children who are suspected of such "capers" usually keep a bottle of my croup medicine at hand, ready for the first outbreak whenever it may occur. Now, according to my belief, every death which occurs from membranous croup could be averted by this remedy if it were employed within a reasonable time. I have never known it to fail when it had a fair trial. When I say this, I refer exclusively to the Iodide of Lime made by Billings, Clapp & Co., and to no other; for I have no experience with any other. As to the *dose*, that also, is very important. I usually mix it with sugar-of-milk, in about the proportions of the 1x trit.; but do not *triturate* it, as I do not care to expose it to the air and light to that extent. This powder should be kept tightly corked, in the dark; and a powder of from 3 to 5 grains (according to age) given to the child every *hour*, *half hour or quarter hour*, according to the urgency of the symptoms, until the cough becomes moist and *remains so during the night.* It is usually better to give it in a little water. Sometimes I put 6 to 10 grains of the crude drug into 8 ozs. of water (preferably in a bottle) and give a teaspoonful, or two, at a dose.

As to the efficacy of this remedy in laryngeal diphtheria, I cannot speak with such confidence. I have used it, and with some benefit, I think; but I should not *depend* upon it as the main reliance. According to my opinion these two diseases are wide apart pathologically, however near together they may seem to be symptomatically.

I am well aware that what I have written will seem quite extravagant, and much like setting up a panacea for this disease, at least.

I do not believe that those who know me well would accuse me of being given to that sort of thing, generally; but I would like to contribute some items of value to the general fund of medical knowledge in return for what others have done for me, and I should be glad to rescue some of the little victims that are constantly being carried off prematurely by strangulation; and this is my only excuse for being so enthusiastic. Try it, and see for yourself.

582 WEST ADAMS STREET.

Blue suppuration — that condition in which the pus, the wound edges and dressings are stained blue, or bluish green—is caused by two species of chromogenic ærobe bacteria, the bacilli pyocyaneus and pyofluorescent, which result in the production of pyocyanin, upon which the color depends. The best treatment is free irrigation with mercurial solution.—*Dr. McDonald in So. Jour. Hom.*

ORIFICIAL SURGERY AND SACRO-RECTAL ULCER.

By E. B. HOLMES, M.D.
OLATHE, KAN.

I WISH to give you a chapter on a subject not often treated, because the disease is not often found, or because orificial surgeons do not know how to detect the disease. I believe that all the cases of failure in orificial surgical practice are due to an ulcer above the internal sphincter, and into the sacro-rectal space, which the surgeon has overlooked.

I cannot do better than describe my own case. I am 68 years old and I was an invalid for about twelve years. When a young man I suffered from piles. Referring now to the period of twelve years, I had diarrhœa and constipation in alternation, each period lasting from two to four weeks. Then I was compelled to be very careful of my diet. I had pain in the stomach, sour stomach, spit up my food, waterbrash, and all the symptoms of a dyspeptic. I also suffered with neuralgia, rheumatism and many other pains in my head, back, hips, thighs, legs and every part of the body. I visited Hot Springs, Ark., I had orificial surgery applied in my own case, with apparent benefit for a short time, but my sufferings all returned, and I returned to Hot Springs, Ark. While in the bath I determined to examine myself. I passed my long index finger into the rectum, pressing as far up as possible, then I flexed the first joint toward the sacrum, and to my surprise it "slipped into a hole," and I could feel the lower part of the sacrum. I found a cavity larger than a hen's egg, partly filled with what I afterwards learned to be hard, dark fecal matter, resembling sheep's dung, which the water would not dissolve.

I consulted all the authorities on the rectum and anus. None of them described my case nor did they refer to the reflex dyspepsia, neuralgia and rheumatism, which I had suffered for years. I found a case similar to my own, and on it I studied how to operate for a cure without the red-hot iron, or the flame of gasoline.

I used a four-per-cent solution of cocaine, which I injected into the tissue proposed to be cut through, near the median line. I used Pratt's blunt hook and with it hooked into the lower border of the ulcer. I pulled all down as far as possible and with crooked probe pointed bistory cut near the median line, through all the tissues, through the internal sphincter, and enough to weaken the external. Covering the whole surface of the ulcer I found a tough, pyogenic membrane, difficult to cut through as cartilage. I made several cnts through this membrane. I then used a curette to loosen as much as possible of this pyogenic membrane. I then packed the whole wound with styptic cotton, which at once stopped all hemorrhage. On the third day the first dressing was removed, and the ulcer and wound were thoroughly cleansed with warm carbolized water and redressed with absorbant cotton and Campho-phenique, or some other antiseptic. This dressing was continued daily about twenty days, or until new, healthy granulations appeared and filled up this cavity.

I have found near a hundred such cases in the last four years, and I have operated successfully on forty-nine cases. None have been a failure. These forty-nine cases have presented a great variety of prominent symptoms. One was insane, who is now well. Two cases of asthma now are entirely free of any symptoms of asthma. Many suffered, as I did, with dyspepsia, neuralgia, rheumatism and a great variety of symptoms. They all complained to their physicians of these diseases, never mentioning any symptoms of the bowels.

Let us hope some younger physician may study and understand the function of the great ganglionic nerve, and be able to explain why irritation of the sacral plexus should present such a variety of symptoms.

A gipsy boy who, while playing with some glass beads, got one into his ear so that it rested up against the drumhead. Dr. Olivenbaum tried syringing, Löwenber's agglutinative method—a small brush is dipped into glue, introduced into the ear, and allowed to dry on the foreign body—but also to no use. Pulverized alum warmed over the flame of an alcohol lamp was found to furnish an excellent and quickly-stiffening agglutinative substance. He proceeded as follows: Finely pulverized alum is heated in a teaspoon over an alcchol lamp. A wood splinter is dipped into the alum and then quickly introduced into the meatus, held up against the foreign body until it has stuck fast, when the same may be withdrawn. To prevent burning the walls of the ear, a piece of stiff paper may be introduced to line and so to protect them.

HYPERTROPHIED TONSILS AND THEIR TREATMENT.

By H. FRANK, M.D.

BUFFALO, N. Y.

WHAT is the cause of the one or the other phenomenon? is a question predominating and arising first in the minds of intelligent men in every department of science. It is because of this fact that I commence this paper by considering the etiology of enlarged tonsils.

The many attributed causes are familiar to the average medical man, I trust all, but I dare to make the statement that very few of the factors usually put down as causing this condition can really be considered as causing hypertrophy or hyperplasia of the elements of which the tonsils are composed. Of the many causes which are said to produce this condition, scrofula, whatever that is or may be, certainly stands first in the order of frequency.

One might consider this causative factor as hereditary, for in many cases, hypertrophy of the tonsil and scrofula in its various forms appear simultaneously; as a matter of fact enlargement of the tonsils can safely be classed as one of the signs of scrofulosis; a rachitic condition often occurs, which is due to impaired nutrition, the latter being due to the obstruction to respiration.

Most cases are in reality of spontaneous origin, and where enlargements are apparently a cause of diphtheria, scarlatina, etc., it will be found, upon closer investigation, that the enlargements existed before such acute attacks, but that attention was only called to them at this time. This condition of the tonsils is largely noticed before the thirtieth year of age, usually between the seventh and fourteenth years. Dr. Morell Mackenzie in his work on the subject states that there is a sympathetic connection between the sexual organs and the tonsils, but upon careful investigation (by other eminent men) of cases occurring in women, and also because of the large number of cases seen before puberty, I am led to doubt the correctness of observation of this eminent specialist.

A short time since I found both tonsils in a girl, aged past fifteen, very large, and yet though past the age where menstruation usually commences there has not as yet been any evidence of the catamenia.

The pathology of this trouble is still subject to differences of opinion by most authors, and as I have not made investigations in this direction I will confine myself to saying that in most cases occurring before the twentieth year the tonsils are hard, thickened and indurated, while often after that age they appear soft and friable.

Sajous, in his work, states that the epithelium is thickened, and upon observation I found that to be the case, notwithstanding Mackenzie's avowal to the contrary.

It seems to me every practitioner, if he has cultivated the art of observation at all, should be able to recognize this state of affairs almost as soon as the patient enters his office. The signs point so directly and unmistakably to the condition present, that he who does not recognize it is certainly, to say the least, a very poor diagnostician. You will note the drooping eyelids, the open mouth, and the dull and sometimes silly facial expression; you will recognize entire absence of the resonant quality of the voice, due to the occlusion of the posterior nares by the protruding mass, preventing the air waves from passing through the nose. Thus far one has diagnosed the case by signs only. You will be told that the child snores during sleep, and that its sleep is often disturbed by the impediments to the free ingress of air into the lungs.

To substantiate your observations, you have only to look into the mouth and there behold two large protruding masses which oftentimes fill up the whole pharyngeal space; then by producing retching you will notice a catarrhal condition of the pharynx. By further examination you will often observe a catarrhal condition of the nasal mucous membrane, due to the non expulsion of the secretions, for the currents of air, which should expel such mucus from the nose, is passing through the mouth because the posterior nares are blocked and the mucus remains *in situ*.

In some instances deafness, partial or complete, is complained of by the patient; this is not due to the enlargement of the tonsils, but rather to the congested state of the mucous membrane of the nasal cavity as well as of the Eustachian tube, caused by the pressure of Lushka's tonsil on the posterior lip of the Eustachian tube.

Hypertrophied tonsils are rarely, if ever, dangerous to life in themselves, yet they are certainly a contributing cause in many cases of death, or a predisposing cause to other diseases in that locality, to which death may be the greatest benefactor.

I have mentioned most of the important causes previously, but the one cause which produces a lowered vitality is the great interference with respiration caused by the tonsil, and it is in this regard that I sincerely believe that many practitioners produce not only lasting injury upon their patients, but I also firmly believe that they are criminally negligent in not insisting upon removal of these glands.

The most important consideration connected with this subject is the treatment of hypertrophied tonsils, or rather the obviating of all the miseries which result from obstructing the free respiration of the individual, in reality the treatment is prophylactic. In the various dispensaries and other institutions to which I had access since my college days, the treatment of throat diseases was largely by local and internal remedies.

I there treated and also saw many cases treated by the application of the many astringents, both vegetable and mineral now in use, and have never noticed any decrease in the size of the glands as a result of such treatment.

That heroic treatment, namely removal of the tonsil, is refused by many men, because they say: "We have seen the entire disappearance of them by means of astringents."

However I am fully convinced, that if they ever met with such an experience, it was not because of the drugs applied, but on the contrary they disappeared by a natural process which always takes place after the thirtieth year.

I made it a point to watch quite a goodly number of cases carefully, and saw beyond any doubt that the children were making no progress toward general good health while waiting for improvement.

Thus I would as certainly charge a man with *malpractice* if he allowed enlarged tonsils to remain, as I would a surgeon who allowed a quantity of pus to remain *in situ* after its detection.

My treatment, or *the* treatment may thus be summed up in one word—*Removal.*

Too many medical men of today are either ignorant of the serious consequences resulting, or they are over timid in the use of the tonsillotome, or whatever the radical proceedure may be.

Some men will decry the practice which I advocate, but to me it is some consolation to know that the foremost authorities on surgery insist upon removal.

You will be astonished at the number of cases which you will benefit, yes, save from the general constitutional derangements by employing the more radical means such as the tonsillotome for example. Harm might be done if not properly used, but I can also quote the sentence in regard to the use of this instrument as is quoted for the knife.

The enlarged tonsils, if allowed to remain, will do more harm than will be done by the tonsillotome properly used.

SOME HYGIENIC VIEWS REGARDING WOMEN.

By H. D. CHAMPLIN, A.B., M.D.
CLEVELAND, O.

THERE is too prevalent an idea of false education of young girls under the guise of modesty.

They are taught to believe they should know absolutely nothing about their special anatomy or generative organs, or even the simplest hygienic laws governing them.

Why the privileges of healthfulness and cleanliness should not be allowed to girls as well as boys is a matter I cannot explain. The result is they arrive at periods of maturity, more advanced womanhood and the marriage relation with uncomfortable and distressing conditions, such as leucorrhœa, erosions, ulceration and hyperæmia, which might have been avoided had they been taught the simplest laws of health in regard to this part of their bodies.

Constipation is an important factor in these cases, which a little care and a good deal of education and watching would often prevent.

Water in itself cures many of these cases used internally as well as externally. Experience has taught me that people of a constipated habit drink very little water, and herein lies the secret of success in drinking hot water as recommended by Dr. Saulsbury and others. The hot water in itself has no peculiar medicinal or magnetic properties, but the increased quantity daily imbibed stimulates the various organs to extra secretion, and baths and rubbing cause greater activity of the skin. Nature asserts herself, and the equilibrium we call health is restored or re-established.

Masturbation exists to a considerable extent in women, and is accomplished as a rule by manipulation of the parts; its accomplishment by the introduction of foreign bodies into the vagina is rare. Decided and constant changes of the external organs of generation results from its long-continued use.

Marked relaxation of the vagina, retroversion of the uterus, the occurrence of leucorrhœa and menorrhagia together in an unmarried nullipara should always be regarded with extreme suspicion. Ovarian pain and chronic ovaritis may be set up by the habit.

Masturbation has so frequently a distinct etiological connection with disease of the pelvic organs that its recognition will often prove a valuable aid toward forming a prognosis in many uterine complaints in the unmarried.

These hints apply as well to the married woman, whose main object from her first initiation into the duties of the marital state is anything to prevent conception, or to rid herself (in case she is so unfortunate?) of the contents of her uterus.

The good dame of fifty years ago would show her ten or a dozen sons and daughters, the pride of her life, the hope of her future. Today we are shown one son or daughter and *a poodle*—often only the poodle—all the hope of the family.

455 Clark Avenue.

ANTIMONIUM CRUDUM.

By E. B. GROSVENOR, M.D.,
RICHMOND, IND.

ANTIMONIUM CRUDUM affects principally the mucous membranes and the skin. It causes an increased secretion of mucus, loading the membrane of the stomach so that digestion is slow, and the food often ferments. The bowels are constipated, and an effort at stool more often results in the passage of gases; but when a stool does pass it is hard, and with it passes much thick mucus. The tongue is thickly coated white; it looks as if the coating could be lifted off, it is so thick. This coating of the tongue has been described as resembling whitewash, which, I think, is very misleading; the coating is more furry and more of a tinge of cream than pure white. Antimonium patients are peevish and cross—do not even want to be looked at. It is most adapted to people with malformations of the skin—corns, hard, horny excrescences, tendency to ulcers on the surface of the body.

The thick, white-coated tongue and abundant mucous secretion, with fermentation of food are its chief characteristics.

ÆSCULUS HIPPOCASTANUM.

Æsculus acts most profoundly upon the liver and portal system, producing an engorgement, attended with drawing, aching pains across the lumbar region, extending down across the sacrum. This drawing, aching pain is its leading expression; small, purple, blind piles; soreness and pressure in the rectum as if it was filled with sticks. The rectum is dry and feels uneasy, while the stool is dry, hard and difficult to pass. With any one or several of these symptoms is associated that constant drawing ache across the sacrum and hips. Æsculus acts profoundly upon the lower portion of the spinal cord; also the mucous membranes of the colon, rectum and anus to dry up all the secretions. This dryness of the lower bowel is what causes the stool to be light in color, dry and hard. The dryness of these parts with the dry stools and venous congestion is what gives rise to the piles, and there is no remedy I am acquainted with that equals Æsculus for blind piles. I believe it acts better and quicker if used locally in piles and in the tincture. I doubt if Æsculus acts directly upon the liver, but more on account of the reflex action caused by the more or less pronounced congestion of the portal system of circulation.

MATERIALISM IN MEDICINE.

By J. W. MEANS, M.D.
TROY, O.

IN this year of grace, 1892, at the very dawn of the twentieth century, we are confronted with a theory, not a condition, as to the cause of disease, that is as untenable in its practical workings as was the ancient astronomer's opinion of the shape of the earth. Ponce De Leon, in his search for the fountain of perpetual youth, a drop of whose waters should transform the aged into his former state of childhood, was not more chimerical in his deductions than are the effusions of Brown-Sequard. The alchemist, who aims to transmute the baser metals into gold, is no nearer the final accomplishment of his mental delusion than is Prof. Koch in solving the mystery of the cure of tuberculosis with the ptomaines and the chloride of gold mixture.

The tendency of the age in medical thought is toward materialism. Men of science, to whom we look for advanced thought, overlook the cause for effects, and they are to-day exhausting their strength in trying to drain the basin without first shutting off the supply. We have become cognizant in these latter days that the air that we breathe, the water that we drink, and the food that we eat are all teeming with myriads of disease-germs;

that Nature in all its benificence has failed to produce a health-giving germ. Consequently man is at eternal war with the products of nature, and he has at this late day discovered that all our ills are caused by some insignificant microbe that has for scores of centuries been the *ignis fatuus* of the benighted doctor.

At last a star in the East, thought to be of the first magnitude, has been discovered; its brilliancy illuminates the whole earth; the would-be wise men of the world made pilgrimages to that hallowed spot to become inspired with knowledge, and to beg one drop of that precious lymph, that they might return to their native land to strike terror and death to that heretofore unconquerable foe, the bacilus tuberculosis. Scarcely had these wanderers after false gods returned to their respective fields of labor, when Prof. Virchow published the astounding fact that the Koch method of treatment increased the number of the bacilli, instead of reducing them, and that scores of patients had been killed by this crowning freak of the application of a pseudo scientific principle. You might as well try to kill the oak by stripping it of its leaves as to stay the ravages of tuberculosis by declaring war upon its products.

From time immemorial the medical man has been taught to believe that disease was a material substance and that its abode was external to the body, but when once lodged in the organism, the phenomenon manifested was termed disease. With the idea so firmly fixed in man that disease is an entity and not a disturbance of function, it is not to be wondered at that the modern physician devotes a great deal of his time to the culture of microbes, or sifting star-dust, in the vain hope that he may discover some living animalcule having distinct properties peculiar to itself, and upon whose infinitesimal head he may heap the malediction of the whole human race for causing, perhaps, la grippe. Whence it came and whither it goeth no man can tell, but circumstantial evidence is so strong that to fail to convict would be a travesty on justice. Hence the little wanderer is dubbed bacillus la grippe, bacillus rheumatica, or whatever is most mysterious to the medical fraternity.

After all this scientific display what have we gained? There is not today a man of high standing as a scientist who will risk his reputation by positively asserting that the microbe is a cause or a result of disease. It follows that a prescription made on the basis that the microbe theory is true, is the rankest empiricism and of no avail.

The condition of the dominant school of medicine today is to be pitied. Their craft so magnificently furnished and equipped with theorists and practical scientists has been tossed upon the reef. The internal and external appearance of the old ship has been so changed by the withering blasts of experience and humiliating defeat in its contact with the supposed cause of disease, that it is no longer recognizable as the insignia, as they would have us believe, of the acme of medical lore, but rather the floating and vanishing form of a once highly inflated bubble.

The present century has been prolific with new discoveries for the relief of mankind. The medical man is anxiously looking for something to stay the ravages of disease. That disease is an entity and an organic substance possessing individuality and conscious of self-existence seems to be the prevailing idea among the masses today. The result is we are drifting from the truth. The old-school physician is today without helm or anchor, and is being carried along helpless and dismayed. What they regarded as a specific last year is now branded as without curative power. Only a short time ago rheumatism was supposed to be caused by micro-organism, analogous to the bacillus malariæ; we have also the lactic acid theory. Again, Harkin, of Belfast, discards all bacteria, miasmatic infection, lactic acids, or any other acids, and says that the morbific effect is produced through the agency of the nervous system.

Thus they are theorizing and from year to year build upon the sand, and the winds and waters come and wash them away, never to be heard of more. If man's views are correct, experience will prove them; but the mere statement of a belief based upon an assumption may for awhile receive the plaudits of the unsuspecting public, but the searching power of time will verify the truthfulness of the theory, or crush it out of existence.

What, then, shall we do? We have but one road to follow. Let us divest ourselves of the idea of materialism in disease, and devote our time to the perfecting of homœopathy as taught by the immortal Hahnemann.

When fresh urine becomes almost solid or semi-gelatinous after standing a few minutes, a vellous tumor of the bladder or prostate may be diagnosed with certainty.

RELATION OF JOINT LESIONS TO NEUROSES.

By EDWARD BLAKE, M.D.,
LONDON, ENGLAND.

THERE are (1) substantial grounds for supposing that those agencies as lead, sepsin, alcohol, arsenic, traumatism, shock and starvation, which produce arthropathies in men as neurotic dystrophies; in women cause pure neuroses.

2. There may exist an inhibitory centre for the uterus in the spinal cord, probably near the vagal nucleus, the influence of which centre the above mentioned agencies may suspend slightly (dysmenorrhœa) or severely (abortus).

3. Connective tissue cells, unless inhibited, tend always to grow bony, rather than to calcify, and lastly to perish.

Berkeley Mansions, Hyde Park, London, W.

DIARRHŒA—CONSTIPATION; TWO CASES TREATED HOMŒOPATHICALLY.

By M. L. ENGLISH, M.D.,
TROY GROVE, ILL.

CASE I. A child three weeks old was taken with diarrhœa. The evacuations were expelled with great force, and were of a dirty green color; which excoriated the parts, involving the whole surface from the anus to the calves of the legs in an eczematous inflammation. The child cried nearly constantly. I at once thought of Croton tiglium, which I gave in two-drop doses of the 3x every three hours. The bowel trouble ceased, as did also the eczema in a short time. Who of our allopathic brethren would not have smiled at the thought of my giving this child Croton oil for the condition.

Case II. A child fourteen months old had been troubled with constipation from birth; would go four or five days sometimes without an evacuation; would scream and cry at each movement. When expelled they were in little dry, hard lumps similar to sheep's dung. Attention to diet did not seem to relieve the condition. The child was weaned at ten months. I gave the child one grain powder of Plumbum met., three times a day, which relieved it completely in a week.

There isn't a doubt that the longing to die is mistaken for the need of a nap. Instead of the immortality of the soul, business men and working women want regular and systematic doses of dozing.

A CASE OF ABORTION.

By W. H. SWEETING, M.D.
HAVANNA, N. Y.

MY patient was a young married lady. She had never given birth to a child, but had had two abortions.

The first occurred soon after marriage, and I am credibly informed was criminally produced. The second I am not so sure about. The third was unintentional, and was evidently produced by a twenty-mile carriage ride, for a few days after the ride uterine contractions began. She was then about four months advanced. The first and second mishaps had occurred at the third month, and if this one had been from habit, so to speak, it would have been most likely to have taken place at the third month. Still an inclination to miscarriage at any time during gestation may have been induced by the previous abortions, and this tendency may have acted as a predisposing cause in the case under consideration.

When I was first called the pains had "bothered" her, as she said, for a few days, but they now began to be more severe and there was a little show of blood.

The recumbent position was ordered and Viburnum prescribed. All went well for a few days, when the pains returned with more severity and quite a large amount of blood escaped. A hypodermic injection of one-fourth of a grain of morphia, with one one-hundred and-fifteenth of a grain of Atropia, controlled the pain and gave the patient rest. The next night, and the next, the symptoms became urgent and the hypodermic injection was resorted to, since it certainly arrested the progress of labor, brought relief from suffering and induced needed sleep.

Now nearly a week of freedom from pain and hemorrhage followed, and I began to flatter myself that I had been able to arrest an abortion after considerable hemorrhage had taken place, but the conceit was soon taken out of me, for the husband called me at dead of night to stop the pains again. This time it took two injections of one-fourth grain each.

I examined the os uteri. It was undilated. The hemorrhage this time was inconsiderable, so after giving a guarded prognosis, I left and returned to my slumbers. This was repeated several times until finally during an attack of pain she discharged about a pint of amniotic fluid.

I now made up my mind that there was no urther use of trying preventive measures, and hat the most desirable thing to be accomlished was the evacuation of the contents of he uterus. But how to do this with the os till undilated and undilatable was a little uzzling.

I gave *Gelsemium* 1 *x* and *Puls.* 3 *x*; adised bathing the feet, and ordered a vaginal njection of hot water to be given several imes a day. These means caused quite forcile uterine contractions, and consequently a reat amount of suffering, but with very little ielding of the cervix.

Several days passed. My patient, although uffering severely by spells, was in a good ondition. There was no rise of temperature; he pulse was 72; and the digestive organs ormal, with the exception of some nausea nd occasionally vomiting when the uterus as contracting forcibly. The hemorrhage as about equal to an ordinary menstruation.

This being the situation, I was not espeially worried, still I would have given a pair f old shoes if that fœtus and its attendant lacenta had been two feet under ground.

Finally one evening I found the os dilated that I could almost introduce my finger. I ought the time had now come when still ore active measures might be resorted to ith safety. I had prepared myself with a o. 10 gum elastic bougie. This I carefully troduced into the uterine cavity as far as ssible. Within a few minutes forcible erine contraction came on. My patient orked like a woman in the second stage of ll term labor. After about forty minutes e said she could bear such hard pains no nger and that I must remove the bougie, hich I did. On examining the condion of the cervix I was pleased to find at I could place my finger into the vity of the uterus. The exploring ger encountered the presenting part of the tus, but it was not the head. After much ertion I succeeded in hooking onto the part d bringing it out. It proved to be an arm. his was not exactly encouraging, but I reaned that the fœtus was certainly small and e os growing perceptibly larger, so I took couragement and carefully introduced my ger again to see what more I could bring th. This time I was enabled to hook the mirable instrument nature had furnished e for such work around the body of the tus and in bringing it down. A few strong pains delivered the entire body and the head soon followed.

Without waiting to see what nature would do with the placenta (I was afraid she would leave it in its nest too long), I introduced my finger and carefully moved the placenta about to break up adhesions if any existed; and then, working with a pain, removed it.

The uterus contracted finely, and it is hardly necessary to say that the faces of the active participants in the trying ordeal wore happy expressions.

The irrigation of the vagina with warm carbolated water was practiced for a few days.

The patient made a rapid and perfect recovery.

SOME EVERY-DAY FALLACIES.

By CLIFFORD MITCHELL, M.D.
CHICAGO.

SCENE I. BOOK-AGENT AND DOCTOR:

BEHOLD the wily book-agent in your office, with a copy of the *edition de luxe* of the Farmer's Almanac for 1843, price $13! You know well enough, and so does he, that you do not want the book. But, nothing daunted, he makes the following statements, some *one* of which is bound to trap you.

1. It is a book which no physician can afford to be without.

2. You are the only physician in Chicago, thus far, who has not bought the book.

3. Wiggins, your principal competitor, has bought seven copies.

4. If $13 is more than you have with you, take the book at fifty cents a month.

The last is a deep thrust, the inference being that if you cannot afford to pay fifty cents a month you must be poor indeed, and your practice is going to the dogs!

Let us reason together about the statements of the wily book-agent.

His first is an unblushing falsehood, which he has learned by rote. Nobody knows better than he that you can well afford to do without it.

Granted that his second is true and that every physician in Chicago, yourself excepted, has bought it; it does not follow that every one of them has done a wise thing, nor that the profession as a whole, sitting in council, would ever have bought it.

There is good reason to suppose that each physician singly has not in the hurry of practice been able to see that the book is wholly useless to him; whereas, if the profession as

a whole should have met and discussed the work, they would probably have come to a wise decision very soon in regard to it.

His second statement then, if true, merely shows what the wily book-agent has succeeded in doing with each physician singly.

His assertion that your principal competitor has bought a number of copies is undoubtedly an exaggeration; but, granted that it is true, it does not follow that because Wiggins has bought seven books which are of no use to him that you should buy one which is of no use to *you*. The wily book-agent, however, secretly despises you and thinks that you will not have the backbone to refuse to buy the book if you hear that Wiggins has bought it right and left.

His offer to let you have it for fifty cents a month and his feigned amazement, disgust and surprise, when you hesitate to accept, are wholly illogical; if you are unable to pay fifty cents a month for the sum total of your expenses you must be poor indeed, and the hateful Wiggins is surely getting all the business; but it does not follow that you are poor merely because you decline to pay fifty cents a month for any particular thing, or admit your inability to pay it; the richest men would be ruined if they had to pay fifty cents a month to everyone who demanded it. *What you must consider is not the effect of each separate subscription, but of the whole of the subscriptions with which you burden yourself.*

* * * * * * *

All this you know, and he knows, and yet you buy the book!

* * * * * * *

Scene II. Doctor and Book-Agent:

Some day, when collections are slow and collectors perniciously active at your office, you look over the book for the first time and are irritated beyond description at the thought of having paid $13 for such a tediously valueless work. Just then an unhappy, down-at-the-heels book-agent comes in and you incontinently "bounce" him with rudeness and brutality. He gives you a reproachful glance as you slam the door in his face, but this time you are adamant.

You are as illogical as ever; it does not necessarily follow that because one, or even two book-agents have made a fool of you that all books sold by book-agents will be of no use to you. In the hurry of your practice you have neither time to read book reviews nor to keep the run of the many really good books which are constantly published, which you *must* have, and which you certainly would buy if you knew of their existence. What practitioner during the great pandemics has time to explore the poorly-lighted recesses of a stuffy book store? What really busy man has time even to open the tons of circulars which optimistic publishers send him every year? The hesitating, half-clad, miserable fellow whom you have just maltreated had the very book of all books which you wanted. You have been in practice long enough to know what you want when you see it. Now why refuse to be shown anything at all merely because you have been bulldozed in the past into buying what you knew you did *not* want? By your refusal you practically admit that you are afraid of the book agent. Perhaps you quote: "*Timeo Danaos et dona ferentes;*" but a study of the real meaning of "*Danaos*" and of "*dona*," and a consideration of the attributes of those to whom the term "Danaos" was given, will show you that the quotation does not apply to book-agents.

Or, again, you may say that "you haven't time to listen to book-agents' talk;" but, if you know your business, as we all know you do, you certainly know that you have time, or must find time to increase your knowledge; for knowledge is power. A single sentence in the book you ought to have bought may be worth hundreds of dollars to you.

70 State Street.

An ingenious system of fraud, of which patent-medicine proprietors, brewers, and, above all, distillers, are the victims, has lately been discovered in Egypt. The fraud is far more astutely accomplished than in the imitation of labels and capsules. In the littoral it is a common practice for a merchant to obtain the best brands of spirits, especially brandy, and the cunning knaves bore by some means a small hole in the bottom of the bottle, and take out the liquor. Then the bottle is refilled with the vilest stuff imaginable, and the hole is sealed up in a way that the most wary traveler would never dream of suspecting. This operation is preformed without the use of false lables or capsules, and the purchaser is thus deceived before his own eyes. To such an extent has this fraud been practiced at Suakim that the English Consul has given instructions for the most careful examination to be made of all imported spirits in bottles.

DISEASES WITH PERSONAL NAMES.*

By H. D. CHAMPLIN, A.B., M.D.
CLEVELAND, O.

Addison's Disease. Supra-renal cachexia; bronzed-skin disease.

Addison's Keloid (or Cheloid). Cancroid, or morphew.

Alibert's Disease. Fungoid mycosis.

Aran-Duchenne's Disease. Progressive muscular atrophy.

Astley Cooper's Hernia. Crural hernia involving the superficial fascia.

Argyll-Robertson's Sign. Abscence of pupillar reflex.

Basedow's Disease. Exophthalmic goitre.

Bazin's Disease. Buccal psoriasis.

Beclard's Hernia. Hernia across the saphena.

Bell's Paralysis. Paralysis of seventh pair.

Bergeron's Disease. Localized rhythmic chorea.

Boudin's Law. Antagonism of impaludism and tuberculosis.

Boyer's Cyst. Sub-hyoiden cyst.

Bright's Disease. Nephritis (albuminous).

Brown-Sequard's Syndrome. Hemi-paraplegia with hemianæsthesia of the opposite side.

Cazenave's Lupus. Erythematous lupus.

Charcot's Disease. Ataxic arthropathy.

Cheyne-Stoke's Respiration. Uræmic respiration.

Cloquet's Hernia. Perineal hernia.

Colle's Law. Non infection of the mother by her syphilitic child.

Corrigan's Disease. Aortic insufficiency.

Corvisart's Facies. Asystolic facies.

Cruveilhier's Disease. Simple ulcer of the stomach.

Donder's Glaucoma. Simple atrophic glaucoma.

Dressler's Disease. Paroxysmal hemoglobinuria.

Dubini's Disease. Electric chorea.

Duchenne's Disease. Locomotor ataxia.

Duchenne's Paralysis. Pseudo-hypertrophic paralysis.

Duhring's Disease. Herpetiform dermatitis.

Dupuytren's Disease. Retraction of the palmar aponeurosis.

Dupuytren's Hydrocele. Hydrocele interna.

Eichstedt's Disease. Pityriasis versicolor.

Erasmus Wilson's Disease. Generalized exfoliating dermatitis.

Erb's Paralysis. Radicular paralysis of the brachial plexus.

Erb-Charcot's Disease. Spasmodic dorsal tabes.

Fouchard's Disease. Alveo-dentar periostitis.

Friederich's Disease. Hereditary locomotor ataxia.

Gerlier's Disease. Paralytic vertigo.

Gibert's Pityriasis. Pityriasis rubra.

Gibbon's Hydrocele. Hydrocele with hernia.

Gilles De La Tourett's Disease. Motor in-co-ordination with acholia and coprostasis.

Goyrand's Hernia. Interstitial inguinal hernia.

Grave's Disease. Exophthalmic goitre. (See Basedow's disease).

Graefe's (Von) Sign. Disassociation of movement between the globe of the eye and the upper eye-lid.

Guyon's Sign. Fluctuation on renal succussion.

Harley's Disease. Paroxysmal hemaglobinuria. (See Dressler's disease).

Heberden's Rheumatism. Rheumatism of the small joints, with nodes.

Hebra's Disease. Polymorphous erythema.

Hebra's Pityriasis. Chronic pityriasis rubra.

Hebra's Prurigo. True idiopathic prurigo.

Henoch's Purpura. Purpura with intestinal symptoms.

Heselbach's Hernia. Crural hernia, multilocular sac.

Hippocratic Face. Facies cadaverica.

Hodgkin's Disease. Adenia; lymphadenoma.

Hodgson's Disease. Atheroma of the aorta.

Huguier's Disease. Uterine fibro-myoma.

Hutchinson's Tooth. Syphilitic tooth. (Semilunar and notched on the free border).

Hutchinson's Triad. The notched tooth; interstitial keratitis and hereditary syphilitic otitis.

Jacob's Ulcer. Cancroidal ulcer.

Jacksonian Epilepsy. Partial epilepsy.

Kaposi's Disease. Xeroderma pigmentosum.

Kopp's Asthma. Thymic asthma; spasm of the glottis.

Kronlein's Hernia. Inguinal properitoneal hernia.

Laennec's Cirrhosis. Atrophic cirrhosis.

Landry's Disease. Acute ascendant paralysis.

Laugier's Hernia. Hernia across Gimbernat's ligament.

Leber's Disease. Hereditary optic atrophy.

Levret's Law. Marginal insertion of the cord in placenta prævia.

Littre's Hernia. Diverticular hernia.

Ludwig's Angina. Infectious sub-hyoiden phlegmon.

Mallassez's Disease. Cystic disease of the testicle

Meniere's Disease. Labyrinthine vertigo.

Millar's Asthma. Laryngismus stridulus.

Morand's Foot. Foot with eight toes.

Morvan's Disease. Analgesic paresis of the extremities.

Paget's Disease. Precancerous eczema of the nipple.

Paget's Disease. Hypertrophic osteitis deformans.

Parrot's Disease. Syphilitic pseudo paralysis.

Parrot's Sign. Dilatation of the pupil by pinching the skin (meningitis).

Parkinson's Disease. Paralysis agitans.

Parry's Disease. Exophthalmic goitre (see Basedow's and Grave's).

Pavy's Disease. Intermittent albuminuria.

Petit's Hernia. Lumbar Hernia.

Pott's Aneurism. Aneurism by anastomosis.

Pott's Fracture. Fracture of the fibula by divulsion.

Pott's Disease. Vertebral osteitis.

Raynaud's Disease. Symmetrical strangulation of the extremities.

Reclu's Disease. Cystic disease of the mamma.

Richter's Hernia. Parietal enterocele.

Rivolta's Disease. Actinomycosis.

Romberg's Sign. Vacillation of ataxic patients in the dark.

Rosenbach's Sign. Abolition of the adominal reflex.

Sœmisch's Ulcer. Infectious ulcer of the cornea.

Stork's Blennorrhœa. Blennorrhœa of the superior respiratory passages.

Stoke's Law. Paralysis of the muscles subjacent to the inflamed serous and mucous membranes.

Sydenham's Chorea. Common chorea.

Thomsen's Disease. Muscular spasms at the commencement of voluntary movements.

Thornwald's Disease. Inflammation of the pharyngeal gland of Luschka.

Velpeau's Hernia. Crural hernia in front of the vessels.

Volkmann's Deformity. Congenital tibio-tarsian luxation.

Wardrop's Malady. Malign onyxis.

Weil's Disease. Abortive typhus with icterus.

Weil's Facies. Ovarian facies.

Werlhoff's Disease. Purpura hemorrhagica.

Westphall's Sign. Abolition of the rotulian reflex.

Willan's Lupus. A tuberculous form of lupus.

Winckel's Disease. Pernicious cyanosis of the new-born infant.

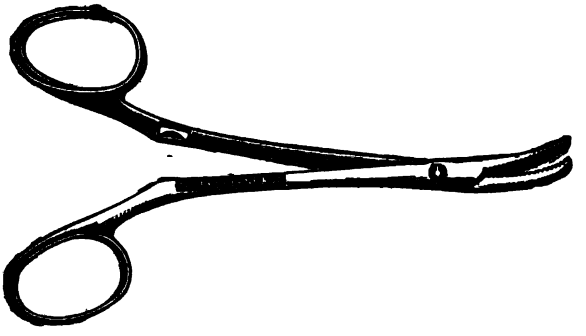
*Copyright.

American Nervousness is largely connected with lithæmia and oxaluria and the "three American meals," breakfast, dinner and supper, which are largely composed of starchy and sweet food. Weak beverages and alcohol are all responsible for these states.

LATEST METHODS IN ORIFICIAL SURGERY.

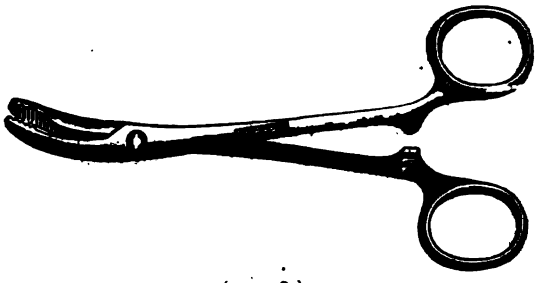
By E. L. SMITH, M.D.
CHICAGO.

NO theory in this article—only methods. The principle is settled, but methods may change. This article contains changes from last book on "Orificial Surgery,"* and is intended for the large number who are doing this special work, that they may have the benefit of larger experience and get better results and less trouble to patients. In the American operation† after the circle of T forceps have been secured to the mucous membrane when brought down to stitch, the index finger of the left hand is passed into the bowel, and with the T forceps at the right side (patient's left) the mucous membrane and both sphincters are drawn down, and with a curved pair of scissors the external is cut first, and the internal sphincter second—cutting downward and outward from behind at a point just below the center of the right side, being careful not to cut the mucous membrane of the gut. The advantage of this is that it prevents the spasmodic contracting pains, secures physiological rest when properly done, and allows parts to heal in proper position. The cut surfaces are now covered with the antiseptic and hemostatic solution of chloride or zinc (gr. ij to ℥). In the place of the four silk guy ropes, the skin and mucous membrane are held together with four small curved artery



(FIG. 1.)

forceps. For coaptation cat gut No 2 is used in a continuous suture—the running part is buried and the exposed catgut is straight with the bowel. If necessary a second row of stitches may be put in for support. This makes a smoother result than on page 62, with the interrupted silk. Hemorrhage is controlled by Tait's large curved artery forceps with heavy jaws, and in 178 cases since last July no ligature has been used. In 111 cases both



(FIG. 2.)

sphincters have been cut in subcutaneous section or during the American operation, with no loss of control, after the first or second week, or after the case has been properly trimmed. It will be seen in the operation that the severed ends of both sphincters, when completed, are completely covered, otherwise there might be trouble.

The dressing used is iodoform, antiseptic piece of silk, cotton and T bandage. May be cared for by the "dry method" (wiping away mucus and changing cotton and Iod.), or the sealing the wound up with iodoform and collodion; or by "ocular douching"—that is by separating the nates and seeing the wound and throwing the stream of bichloride 1:5000 or boracic solution (25 per cent of a saturated sol.), so as to dislodge any mucus, twice per day. After thoroughly drying the wound, it is redressed with iodoform for five to six days, then boracic powder used. Unless the bowels have been previously well emptied, the patient should take a mild laxative on fifth night, and an injection, or not, just before it acts. In a week or more the mucous membrane may need some clipping or spots stimulated with balsam Peru or blue stone.

In the cervix operation, a continuous catgut No. 3, is used in place of silver wire, commencing at the cervix and suturing upwards. The vagina should be cleaned and dried, and a double strip of iodoform gauze 18 in. long and 1 in. wide is placed over the stitches, with a silk thread attached like the ordinary tampon. If no discharge, it is left in a week or more, but if there is on the third or fourth day, it is removed and a douche is given and vagina dried out and a small piece of iodoform gauze is placed in with a thread as before, and repeated as necessary. In 41 cases since last July, have not seen one that did not unite by this method.

*"Orificial Surgery"—'91—Dr. E. H. Pratt, Halsey Bros., Chicago.
†See "Medical Era," March, '91.

and as the catgut sutures in both operations are not removed it is a great comfort to the patient. In uterine packing (or the gynecological rag baby) the finest candle wicking is boiled in bi-chloride (1:4000) and then in sterilized water for one hour each. For one ordinary ball it requires about iodoform (pow'd) ℥ijss. and chloroform ℥iij which are mixed and then incorporated in the wicking. Boro-glyceride, glycerine single or any combination have not proved satisfactory, but the iodoform packing has proved highly so. After thorougly dilating the cervical canal, curetting, irrigating with 1:5000 (bi-chloride) provided there is free drainage, and just before packing, pass a large sound, then seize the iodoform packing with long dressing forceps and pack solidly from fundis to cervix, leaving a foot of the iodoform packing in the vagina, with a silk thread attatched like the ordinary tampon. The amount used will be from two to ten feet—averaging about three or four feet. This may be left in from 24 hours to one week. May have to use morphia hypodermics for the first day or so. Nurse may remove by the thread and give a 15 minute douche, or patient may be placed on the table and be repacked as before if indicated. No cocaine is used as formerly.

Rectal plugs, or the bivale speculum, are used when a patient does not seem to get completely under the anæsthetic after due time; and also in cases which collapse. A knowledge of this fact when properly used, has been the source of great comfort to a surgeon. No egg shaped dilators are used but the straight nickel ones, being careful of the prostate or prolapsed ovary. Hypertrophied glands around the female meatus urinarius are removed.

FIG. 3.—DR. E. L. SMITH'S T FORCEPS.

Lanolin is used after freeing the adhesions of the clitoris to prevent re-adhesions.

Such are the methods used by Dr. E. H. Pratt at present.

The advantage claimed for Dr. E. L. Smith's T forceps (Fig. 3) is that one jaw has a plain surface, and the other has the teeth, so when the delicate membrane is seized, they do not cut through. The catch has five teeth, so as to allow the forceps to seize the membrane at any desired tension. The smooth jaw should be placed on the face of the mucous membrane or skin, so as to bring the teeth on the cut surface.

The Gonococcus.

The gonococcus has no value as a diagnostic sign in medico-legal cases where the nature of a vulvitis is to be determined. Vibert and Bordas found, to all appearances, identical organisms in six instances where blennorrhagia in young girls was attributable to other than venereal cause. In attemps to cultivate the gonococcus, positive results were obtained upon bouillon, agar, and potato. The cultivations showed diplococci in all respects similar to the gonococci. Thus it would appear that cultivation is not sufficient to make the diagnosis absolute. If the observations of different authors are compared it will be seen that they are not in accord either as to the best media for cultivations, the proper temperature, the length of time required, or the appearance of the colonies of cocci after they have developed. In the author's own hands the results have not been uniform.

They are, hence, of opinion that in the present state of knowledge it is impossible to recognize the gonococcus with absolute certainty, and to distinguish it from other micrococci to be found in vaginal secretions. In the last article, upon "the gonococcus in legal medicine," it is stated that in the author's experience only one variety of micrococcus is found in the acute vulvitis of little girls; and this presents all the features of the gonococcus.

In conclusion, they feel justified in the statement that at the present time the question of the gonococcus is far from being solved with that complete certainty which forensic medicine requires, and believe that in no case is the expert authorized in affirming the blenorrhagic nature of a vulvitis based upon a bacteriological examination, no matter how complete.

SELECTIONS.

A Review of Thirty-seven Years' Practice of Homœopathy, Mainly in Relation to "The Two Paths" and "The Dose."

This paper was read by Dr. A. C. Clifton at the December meeting of the British Homœopathic Society, and published in the *Monthly Homœopathic Review.*

It has recently been remarked, "We do not do things *for reasons, but find reasons* for what we do." And this is my position to-night.

You will remember that at the beginning of last session our colleague, Dr. Clarke, read a paper here entttled *The Two Paths in Homœopathy*, directed largely against what he thought was a growing and pernicious habit by homœopaths, of prescribing from a pathological standpoint. In the following month a more recent colleague, Dr. E. A. Cooke, whom we gladly welcome, read a paper entitled *Therapeutics as an Applied Science*, bearing mostly upon *the dose.*

These questions, you are also aware, are by no means new, and I just say, my own memory in relation to the polemics of the same goes back to the first homœopathic congress in this country, held at Cheltenham in 1850, when these topics were freely and somewhat fiercely debated, on the one side by Dr. David Wilson, a very earnest, diligent and able practitioner, of the (so-called) Hahnemannian school, and on the other hand by Dr. Henry Madden (of happy memory), an equally diligent and earnest worker, a man of wide experience and critical acumen. Several other of our ablest men joined in the fray, together with Dr. Carroll Dunham, who fairly represented the most catholic yet definite thought on homœopathy in America. Since then these questions have been well presented in our journals, at this and kindred societies, and have been freely discussed. But as very little, if any, good was the result, they have for many years, and by general consent, been mostly in abeyance, and I think rightly so. Nevertheless, I submit, and in opposition to the views of some of you, that these questions bear largely for good or evil upon homœopathy, and that perpetually abstaining from their consideration is detrimental to our cause.

With this conviction, I hailed with pleasure the papers alluded to, but while they were valuable contributions, and presented in a liberal spirit, I contend they were mainly theoretical and speculative, and for this reason unsatisfying; for in order to get so much as an approximation to the truth, I hold that collective individual experiences and thought are needed to correct or confirm the theories advanced. On those occasions, however, time did not permit of more than a cursory glance at that aspect of the case, either by the authors of the papers or those who took part in the subsequent discussions, and I think the questions ought not to be so summarily dismissed. Hence the reason for this paper, to take up the same mainly on the practical side, and in the light of experience.

In suggesting further consideration of the aspect of the case just named, I am, however, met by what you will, to some extent, all admit, viz., the *comparatively* little value to be attached to *individual experience* and observation, conducted apart from the critical and correcting eye of other men of a different turn of mind; for howsoever honest a man may be, and desirous of estimating his work correctly, his temperament, mental proclivities, education and environment will necessarily warp and bias his judgment; if, however, we wait for perfect testimony, I submit this will be to our injury, and we had better take the imperfect observation of *the many* and draw the best lessons from the whole. When we have a larger hospital, with increased facilities for inquiry, by a staff of medical men as able as now, men of somewhat diverse views but all eager for the truth, then may we expect more satisfactory evidence. This not being now attainable, I submit my own experience and thought, and I trust it will not be entirely unworthy of your consideration, partly because it covers thirty-seven years, or thereabouts, and partly because my present convictions are somewhat at variance with my early opinions and mental leaning, and now, in order that you may see more clearly the course pursued, I lay before you the main outlines of my practice for three successive periods.

First period of about 15 years. This corresponded, so far as I could make it, with the teachings of *The Organon*, aided by observation of the practice and suggestions of Dr. David Wilson and Dr. John Epps; hence, you who knew those able practitioners will believe *I ignored "pathology,"* and relied upon *"totality of symptoms"* in the sense accepted by them, as a guide in the choice of my remedies. My *dose*, moreover, was chiefly confined to the 12th and 30th centesimal up to the 200th, and

all made by myself, according to the directions by Hahnemann, but sometimes Jenichen's and Lehrmann's so-called potencies were prescribed.

Second period of about 10 years. Here *pathology* and *clinical observations* somewhat influenced my practice, but "*totality of symptoms*" in a rather wider sense still held the field. My *dose*, however, was larger, principally the 12th to 3rd centesimal, but occasionally higher.

Third period of about 12 years, and until now. Here I have gone further on "the broad road and down grade line," for *pathology* and *clinical observations* have more often directed me, at the same time *individualization* cases and "*totality of symptoms*," the latter in a still wider sense than before, have been followed. My *dose*, moreover, has been larger, seldom higher than the 12th centesimal, more often from the 6th down to the matrix tincture or crude drug. Moreover, I have occasionally prescribed a direct aperient, hypnotic or sedative medicine in a material dose, but during the whole course of practice I have largely abstained from giving medicines in quick and repeated alternations.

Before submitting my inferences from these aspects of practice, it may be well just to touch upon the question of *evidence* and the *method of investigation pursued.* For several years in the first period alluded to this was characterized on my part by want of reflection and too ready belief of all I heard or read in favor of homœopathy, and in my practice attributing all recoveries to the last phase of treatment and the last medicine drescribed (by the way, I say, not a very singular fault). In process of time this error became apparent, showing the need for inquiry; at first this was very timidly pursued, but as no harm, but rather good, was apparent, it was then prosecuted in a more severe and rigorous manner, like what many of you have adopted. For instance, when a medicine seemed beneficial, while ofttimes, and very naturally, it was continued, but at rather longer intervals, yet very often a placebo in the form of *saccharum lactis*, etc., was resorted to, corresponding somewhat to Hahnemann's directions; if the improvement was maintained the placebo was continued; if, however, the patient became worse, there was some *ground* for belief that the first prescription by medicine was beneficial, and was therefore again resorted to. On the other hand, when no improvement from a medicine, which, nevertheless, appeared homœopathic to the case, rather than change the medicine, another dilution of the same, from 30 or upwards, or down the scale, was given with occasional intermissions, and if then no manifest amendment the case was again reviewed and search made for a more homœopathic remedy. In a similar way *seeming aggravations* from both high and low dilutions have been minutely and rigorously examined.

From this investigation, although I do not dispute the inferences by many other men, from their practice, ofttimes better than my own, I am nevertheless convinced that much of the *clinical evidence* in *favor of cure* by medicine, is very incomplete, and has been greatly overestimated, and the same remark applies to *the dose*, in one direction especially, *i. e.*, above the 12th centesimal, hereafter to be considered, and my ground for this heresy is, that I think sufficient allowance has not been made for the exciting causes of the disease which, during treatment, have ceased to exist, and mostly apart from medicine, nor for assessories to medicines employed greatly contributing to the cure, which medicine has been unduly credited with. Take, for instance, a fact most of you are conversant with, for a few weeks more or less, what may be called waves of special forms of disease, of varying intensity, and ofttimes of no great severity, come under treatment, mainly atmospheric or climatic in origin, and here our medicines for a time will often *seem* to fail us, and afterwards rapidly *appear* to cure, yet in the latter case this is often set down to medicine, rather than other causes named, and although this tells in our favor by the patient, fortunately for us, I contend we, as physicians, should estimate it more correctly.

Although so far sceptical, I am at the same time more than ever convinced of the cure of disease by medicines homœopathic to the same, and that no other system of medicine is comparable with this efficacy; what I mainly protest against, is the *one sided* and *unsatisfactory evidence* often adduced, such, for instance, as when we are told that *lachesis* 10 m. cured a case of diphtheria; *sulphur* 8 x a long and lingering case of syphilis; and *pulsatilla* 40 m. a case of consolidation of the lung, for here I say, together with similar clinical evidence, brought before us, apart from full information of the symptoms and attendant circumstances, and apart moreover from the observation and testimony to *the*

same, by other men, that while at one time I accepted such evidence, I no longer do so.

Leaving now the *general* aspects of our controversy, I pass to the *special*, premising that I think our differences on some points are largely due to the absence of definite and accepted interpretation or meaning of the terms or phrases we employ.

First pathological prescribing. Here, while I cannot formulate or present a scientific and correct definition of the term, I nevertheless say that if it implies prescribing for a given case, from its supposed nature, derived principally from its etiology and general development or nosological arrangement, this is so far unsatisfactory to me. If, on the other hand, it embraces remotely antecedent causes, including consanguinity, together with the general phenomena present in this sense, I contend pathology emphasises many symptoms otherwise not sufficiently seen, and at the same time enables us to prescribe in a more intelligent and certain manner, and so far I accept it. Furthur, I contend that in some cases we have but little else to guide us, and as one example I give the following. About 14 years ago, for an infant, with three of the largest nævi I have ever seen, the usual topical treatment by nitric acid, etc., as well as surgical measures were resorted to for two months without avail. As one nævus got better another got worse, and at last that treatment was discarded in favor of internal medication *alone*, and solely from the pathological standpoint, derived from the history of the parents and grandparents in their individual and collective characteristics. This case was *cured* by internal medicines, selected on that line, and only yesterday I saw the patient, now 15 years old, who, up to the last week or two, had scarcely ever since had anything the matter with her, and in all respects had been a very healthy individual. The precise treatment adopted, together with description of case, was reported in the *Monthly Hom. Rev.*, 1880.

Moreover the objection raised to pathological prescribing appears to me greatly *theoretical*, from what can be seen of the practice of the objectors, as reported in our journals. Take for instance a so-called sarcomatous tumor, recently brought forward. Here the prescription was apparently based upon pathology, and in the narrow sense of the term, viz., vaccination, its supposed cause, and while this may be considered a flagrant example, it might be largely multiplied by others of a somewhat better character and by men who at the same time protest against it.

Lastly here. The objectors to pathological prescribing appear to me very inconsistent, inasmuch as to some extent they rely upon clinical observations and indications, and while I hold that these help to fill the gaps in the records of the pathogenesis of drugs, and are highly serviceable, I yet contend that they only cover a few symptoms, are general inferences, speculative and unreliable, hence I say that if the objectors on the one hand to pathology accept clinical indications, they ought on the other hand to reject the latter. For my own part I believe both are serviceable, so that they are not depended upon too much.

Secondly. Totality of symptoms. This is a wide phrase, and as you are aware has come down to us from Hahnemann, who not only told us what he meant by it, but gave us examples thereupon ; at the same time, there is good reason for believing he did not always and practically adhere to it, nor was so great a symptomatologist as some of his ardent disciples maintain, and here you will remember the important testimony last session by our esteemed colleague Mr. Cameron, who was one of his pupils. Leaving, however, this aspect of the controversy, on which there will be a difference of opinion, you nevertheless know that some omit in their conception of the term, objective symptoms, but take in every subjective symptom, howsoever minute, and shade of expression, considering this the true meaning of the term and *the only true path;* others I suggest, include both class of symptoms, but take less notice of the subjective, though by no means ignoring them and for the most part look upon some symptoms as characteristic or of most importance and largely ruling the whole, and by this means bringing the totality within a more limited and definite sphere of observation, and this I say, is my conception at the present of how the term should be used, including the side lights from pathology, and constituting *the true path.*

I have already said that for many years I adopted the former or (so-called) Hahnemannian idea of the term, and earnestly sought for the simillimum in medicine on that line ; that subseqnently and increasingly I adopted the broader conception of the term, and now say, as a result of such experience, that although

the first method yielded eminently curative results, it was nevertheless largely disappointing, and far from commensurate with the results of the practice, from the subsequent interpretation of the term. While moreover it fell short in this respect, it was infinitely more difficult and ofttimes impracticable, as in order to carry it out *thoroughly and efficiently, repertorial aid was necessary in every case*, which could not be done, unless but few patients were seen.

Nevertheless, gentlemen, in so-called "*chamber or consulting practice*," I, like many of you, still seek aid from our repertories, and especially from the *Cypher Repertory* of the Hahnemann Publishing Society, and find the same highly valuable in chronic and difficult cases; but when visiting patients I never do this, but trust to my general knowledge of our Materia Medica, aided by accepted characteristics or keynotes of medicines; and further, in dispensary work, when thirty or forty patients are seen in the space of two hours or little more, the *unlimited* "*totality of symptoms*," method is impossible; and yet I say my success here as well as in private practice has been better on the whole than from the former method.

While, however, objecting to the very minute and as I think excessive and needless symptomatology, insisted upon by some of our colleagues, who at the same time largely ignore pathology, I yet submit there is great danger of our trusting too much to that as well as to clinical observation, and thus falling into a routine and slipshod method of practice, such, for instance, as one out of many that might be adduced, of prescribing *hepar sulphuris*, *mercurius* and *silicia* in suppurative processes, mainly on pathological, clinical, and nosological lines, rather than from an ascertained resemblance of the pathogenesis of the medicine to the case in point, and which I contend is often done, for although these grand and well proved medicines largely and often correspond to the morbid condition alluded to, I hold that if more care were taken in relation to the symptoms as a whole, other medicines would often be found, better answering to the same, and more curative, and in this respect the question appears to me mainly one of degree, and how far practicable.

Third. The question of dose, a much vexed and thorny point, now confronts me, and considering the many illustrious men, scientific, practical and conscientious, who have investogated the subject in various aspects, but who have yet left it in a very unsettled state, I feel somewhat aghast in offering any remarks myself, especially as I differ very much from the conclusions of some of them. Nevertheless, so far as my views are presented in a fair and catholic spirit, I am sure of your indulgence.

Although here we have a large amount of testimony that attenuations of 30 and upwards are curative when the medicine is homœopathic to the case, and ofttimes *more* efficacious, and better to be relied upon than others, at the same time I think we have not only an *equal* but *predominating* amount of testimony, and by as competent observers, that although the high dilutions may be curative in some cases, the low are *more* efficacious in *most* cases, and here the matter so far rests undecided.

What I therefore suggest is needed, is *not so much*, the proof of medicinal action of high dilutions in some case (as this is largely admitted), but more clear and definite *proof* than has already been shown, of their *greater* efficacy, not only in a few forms of disease or idiosyncrasies of patients, but *generally* or so to speak, *as a rule*, inasmuch as "it goes without saying," that unless this is an *absolute fact*, or exceptions to the same are set forth, the only advantage from their use, is in ministering to the desire for seeing the *wonderful* in art, which by itself, and to us as physicians is not worth notice. If, however, more clear and certain testimony can be adduced on that line, by all means let it be done, but if not, then I say that so far as the dose can be brought, within a narrower and lower sphere generally, and proved to be *as* efficacious, though no more, this will tend to the advantage of homœopathy in ways needless here to dilate upon.

I am now, gentlemen, brought to stand at bay, inasmuch as my examination of the subject and inferences therefrom yield but little, if any more, *definite* and *satisfactory* results by way of *proof* than that of other men, and in some respects are probably more defective. If time permitted I might have adduced more critical and perhaps satisfactory evidence, but this is not the case, and all that can be done is to submit the general conclusions at which I have arrived.

I need not again set forth in detail my successive steps in the employment of doses from the 200th down to zero; nor how at different

times and various ways I examined the grounds for belief with regard to the action of all. But as a result of the enquiry I say that although in the early period attenuations from 12-30 and upwards *appeared* highly *curative*, and in some cases seemed to cause *aggravations*, subsequent and closer investigation did not confirm the same; in fact, and to a large degree, the seeming *aggravation* from doses above the 12th attenuation have been found wanting in proof and accounted for from other causes. In the next period the medium attenuations appeared still further beneficial and with greater proof. While in the last period doses from the 12th downwards and especially below the 6th have, on the whole, yielded infinitely better results.

Finally here, while for many years my faith in attenuations of 30 and much higher was *very strong*, and although even now I do not *absolutely* and *entirely* dispute their action, nor indeed see any limit to the same in an upward direction, I nevertheless confess to a large amount of scepticism, and I contend the evidence in their favor is weak and certainly *inconclusive* compared with the evidence with regard to the beneficial action of larger doses, and in the general run of cases.

In submitting my experience and thought on these points while I ask your kind indulgence in regard to the diffuse and verbose manner of presenting the same, nevertheless, so far as you see, the practical defects and inconsistencies of my observations, I rather ask for your candid criticism however hostile this may be.

I by no means desire to put back the clock in relation to any of the questions, so far as it is correct, but rather to suggest the various influences bearing upon it and showing the need for more careful investigation of the correct time, and with an ardent desire for a fuller knowledge of the truth, which I am sure many of you will supply links in the chain thereof.

Laparotomy for Intestinal Perforation in Typhoid Fever.

This operation has been done 19 times with four recoveries. The writer has operated twice with one recovery. His successful case was that of a woman aged thirty-one, who passed through sixteen days of fever with characteristic symptoms. At the end of this period her temperature was normal. After being free from fever for two weeks she had a chill; next day her temperature was 104°, pulse 120, severe headache and much prostration. A diagnosis was made of a relapse on the eighth day. She had a sudden pain in the right iliocæcal region and every sign of intestinal perforation. An abdominal incision and the subsequent exploration confirmed the truth of the diagnosis. The usual surgical procedures were resorted to as in a similar condition from any cause. She recovered in the course of two weeks and a half. From a careful consideration of the subject, the writer draws the following conclusion:

1. There is no rational treatment for perforation in the course of typhoid fever, except laparotomy.
2. The indication for laparotomy when perforation occurs in typhoid fever is imperative.
3. The only contra-indication is a moribund condition of the patient.
4. Collapse is often at least temporarily relievable by hot peritoneal flushing.
5. The stage of the fever is not to be considered as an indication or as a contra-indication for laparotomy.
6. The severity of the typhoid fever is alone not a contra-indication.
7. Early laparotomy offers the most hope.
8. The symptoms of peritonitis should not be awaited before operating.
9. In taking charge of all typhoid fever patients, it is the physician's duty to be ready, in case of perforation, to perform laparotomy.
10. The published statistics of laparotomy for this condition are strongly in favor of operation.
11. The technique, though not complicated, demands much thoughtfulness, acquired dexterity, great rapidity, and thoroughness. — *Phila. Med. News.*

Pathology of Facial Paralysis.

Cases of Bell's paralysis are common enough, but it is not often that an opportunity occurs of examining the abnormal nerve. Professor Minkowski, of Strassburg, has made an important contribution to this subject. The clinical history of the case was the usual one. The attack came on after exposure to cold, and when the patient was last seen there was well-marked reaction of degeneration, but there were indications of commencing return of voluntary power. The patient died

by misadventure, and the result of the examination of the nerve is somewhat surprising. There was no difficulty in removing the nerve, no appearance of inflammatory compression in the bony canal, and the nerve coverings were quite normal in appearance. In the peripheral branches of the nerve nearly all the fibres examined were in an advanced stage of degeneration. Here and there were newly formed nerve fibres and others in process of regeneration. In the other branches besides those degenerated fibres were numerous well-formed normal fibres. Above the nerve to the stapedius the number of degenerated fibres gradually decreased, and at the geniculate ganglion the degeneration ceased entirely. In the superficial petrosal there were only isolated degenerated fibres, and this was the case in the nerve to the stapedius. No change was found in the fibres of this mucle. It will thus be seen that there was present no evidence of inflammatory action. The appearances seem rather to point to a change starting from the periphery, and the author suggests that this may be of the nature of a degenerative neuritis, the direct result of cold.—*Lancet.*

Hyperpyrexia of Rheumatic Fever; Treatment By Cold Bath!

The patient was a stout man, aged sixty-two with a previous history of rheumatic pains for three weeks, but no previous similar attack. When first seen on March 16th, 1891, he had all the signs and symptoms of rheumatic fever; articular pain and swelling; temperature 102° F. He was sent to bed, and took fifteen grains of salicylate of soda every four hours. For five days there was no improvement, the temperature varying between 101.5°and 103°. On the sixth day, at 11 A. M., his temperature rose to 106°; he was semi-conscious and without pain; skin dry. He was given four grains of sulphate of quinine every hour. At 3 P. M. the temperature was 105.3°; there was profuse perspiration, consciousness had returned, and he answered questions rationally. At 6 P. M. the temperature rose again to 106°, the patient becoming unconscious and livid, with stertorous breathing; in fact he was rapidly dying. Having consulted together, it was decided to bathe him at once. He was given some brandy, and then put into an iced bath at 44° F. By means of large quantities of ice the water was kept at this temperature throughout. After he had been in the bath fifteen minutes the temperature in the rectum was 107.2°; after twenty minutes, 105.5°; after thirty-five minutes, 103.5°. He was taken out after he had been in thirty minutes. The pulse at first, and for fifteen minutes, was very irregular, jerky, and intermittent, but became quite regular as the temperature was subnormal; he was perfectly rational, and remembered nothing about the bathing. Feeling cold, hot-water bottles were applied. He had had two hours' sleep. Next day the temperature rose to 105°, with a return of articular pain. From this date he steadily improved, the temperature reaching normal on the 31st; and though, since then, he has had several slight attacks, with pain and slight rises of temperatnre, he is now, and has been for the last four months, perfectly well.—*London Lancet.*

Eyesight—Its Care in Early Life.

Do not allow light to fall upon the face of a sleeping infant.

Do not allow babies to gaze at a bright light.

Do not send children to school before the age of ten.

Do not allow children to keep their eyes too long on a near object, at any one time.

Do not allow them to study too much by artificial light.

Do not allow them to use books with small type.

Do not allow them to read in a railway carriage.

Do not allow boys to smoke tobacco, especially cigarettes.

Do not necessarily ascribe headaches to indigestion, the eyes may be the exciting cause.

Do not allow the itinerant spectacle vender to prescribe glasses.—*Dr. L. W. Fox.*

Poulticing.

Few physicians who have been in practice for any considerable length of time, have failed to notice the demoralizing effects of poulticing as conducted in the domestic circle. Every conceivable substance is used, and usually to the detriment of the patient, so that when the disease finally comes under the observation of the physician his first endeavors must be towards combating the deplorable results which have followed the indiscriminate employment of the objectionable combinations.

In the case of carbuncles, abscesses, ulcerations, inflammations, sprains, etc., the tissues will be found deadened, soggy, and far from presenting a normal condition, and, as a rule, the disorder, whatever it may be, will be found in the most favorable condition for the invasion of germs, all of which contributes to the continuance of the disease and causes prolonged convalescence.

The object of a poultice is not to do these things of which we complain, but to assist nature in overcoming the diseased processes, and as this may frequently be advanced by the application of heat, the use of the poultice has become almost universal. At best, however, the practice is bad, and the objects can be better attained by the judicious employment of internal medicaments and the local use of dry heat, where local medication seems to be indicated for the relief of pain. True, a poultice relieves pain, but it does so at the expense of the integrity of the tissues involved, and brings with it the whole train of evils mentioned. It may be set down as a fact that the local applications should be made only under the immediate direction of the physician, and then only for the specific purpose indicated.—*Med. Summary.*

Delivery of the Shoulders and Laceration of the Perineum.

Dr. Auvard differs from many obstetricians in his opinion as to the order in which the structures in the neighborhood of the shoulders are born, in labors where the head presents. The classical theory, at least in French schools since 1830, gives the order thus: (1) Escape of the prominence of the anterior shoulder (that which is turned toward the maternal pubes); (2) birth of the posterior or perineal shoulder and of the corresponding arm; (3) birth of the arm corresponding to the anterior shoulder. Dr. Auvard holds that the true normal order of birth, putting aside the action of great weight of the fœtus, is: (1) birth of the perineal shoulder and of the entire corresponding arm, whilst the anterior shoulder keeps fixed behind the pubes; (2) escape of the anterior shoulder and the corresponding arm. The circumference of the fœtus around its shoulders is greater than the circumference of its head, and the circumference of the fœtus around the elbows pressed against the trunk is yet greater; hence the perineum is in greater danger of laceration from the shoulders and disengaged arms than from the head. Therefore Dr. Auvard holds that in order to preserve the perineum the arms must be disengaged before the birth of the trunk. If the hands are easily accessible, draw them down so as to bring out the corresponding arms. When neither hand can be reached, the head must be drawn aside so as to make the posterior shoulder project. The corresponding arm is next disengaged by pushing the humerus toward the back of the fœtus, and then drawing down the forearm. The anterior arm is delivered in the same way. If the posterior arm cannot be delivered first, the anterior must be brought down. In no case should the obstetrician leave the arms to be delivered pressed against the trunk, for this involves great danger to the perineum.—*Brit. Med. Jour.*

Treatment of a "Bad Cold."

The author highly extols the use of Gelsemium, which he claims arrests profuse nasal secretions, quiets headache and neuralgia, subdues cough and pain, favors a re-establishment of secretions, through its influence upon the skin, kidneys, and gastro-intestinal tract. It reduces temperature and pulse-rate, promotes sleep, and creates a feeling of comfort and well-being without in any way approaching narcosis or destroying the oxygen-carrying capacity of the blood corpuscles. By the use of this single remedy, much discomfort to the patient is avoided, digestion remains undisturbed, nauseating draughts are banished, the necessity for purgatives precluded, and all dangers of subsequent relapse practically eliminated; while recovery is prompt, perfect, and satisfactory in every particular. Ten drops of a reliable fluid extract (assayed) are dissolved in three ounces of water, and of this mixture the patient takes a teaspoonful every ten or fifteen minutes for an hour, then at less frequent intervals, according to the effects produced. The plan is simple, the medicine harmless, in the dose recommended, and not at all unpalatable.—*Dr. J. Aulde, in N. Y. Med. Record.*

[We offer this as a specimen of "reformed" practice among our friends, the enemy.—ED.]

Condition of the Digestive Tract in Fever.

During fever the appetite is usually wanting. The secretion of the saliva is lessened and the mouth becomes dry. Nausea and vomiting are frequently present. Moreover, fever diminishes to a notable degree the quantity and quality of the gastric juice. Its secre-

tion is lessened or abolished. A search for the milk-curdling ferment in two cases was without result. In chronic febrile affections, on the contrary, there was found constantly a normal gastric juice, a fact which explained the preservation of the appetite in febrile tubercular cases. As for the pepsine, it should be but little modified, because the gastric juice preserves its peptic power on account of its reenforcement by the hydrochloric acid.

The intestinal secretions are still more affected. The pancreatic juice and the bile are lessened and even wanting, indicating that the digestion of fats will be difficult or impossible. The absorptive power of the digestive organs is consiberably in abeyance, even for substances which have no need of being really digested at all (such as iodide of potash, digitalis, etc.) The villi lose their functional activity. According to Dujardin-Beaumetz, in typhoid fever the entire network of lymphatics is affected. Fluids can penetrate into the system, but it is through the network of veins emptying into the portal system.—*L' Union Medicale*

The Use of Cocaine.

1. Amount of cocaine used must be in proportion to extent of surface it is desired to anæsthetize. In no case should quantity exceed one grain and three-quarters.

2. Cocaine should never be used in cases of heart disease, pulmonary disease, or in persons of highly nervous temperament.

3. In injecting cocaine, the intradermic method is preferable to hypodermic. By injecting into, not under mucous membrane of skin, the risk of entering blood-vessel is avoided.

4. During injection, patient should be always in recumbent position; in operations upon nose and throat, the head should not be raised until anæsthesia is complete.

5. It is of great importance that cocaine should be pure, since its combinations with certain other alkalies result in poisonous compounds.

6. When maximum dose is used, it should be divided, and small quantities injected at a time—this is often a safeguard against cocaine poisoning.

A MAN in Reno, Nevada, was shot in the groin. The bullet-wound set up adhesive inflammation that radically cured an old hernia. He now recommends the remedy to others.

WORTH KNOWING.

The child of insane or drunken progenitors should be given the smallest amount of meat consistent with fair development.

The rough, dry tongue forbodes no good, and in the advanced stages of pneumonia, typhoid, and other maladies, it is an ill omen.

Never prescribe raw beef. It is, in nine cases out of ten, sure to be productive of tænia, and the last state of your patient is worse than the first.

Habitually moist feet are found most frequently in such persons as live well and take little exercise; also, in young women of a nervous temperament who indulge in the pernicious habit of frequent tea drinking.

It is evident that if chloroform is to maintain its position as the most commonly used anæsthetic agent, surgeons will naturally require more proofs of its security than the past few months have been able to produce.

For albuminuria, patient decidedly an æmic, persistent headache and disordered digestion: Make good blood; diet of skimmed milk as the basis; koumiss, buttermilk. Give fluids freely, but not too much directly after meals; allow two or three hours to pass before giying.—*Bartholow.*

Early operations in tumors. (1.) Theoretical considerations seem to show the possible curability of malignant growths.

(2.) Statistics strongly support this view.

(3.) Both theory and statistics indicate early and thorough operation in all tumors which are (*a*) malignant; (*b*) doubtful; or (*c*) benign but troublesome either locally or by their effect upon the imagination of the patient.

An article in the London *Quarterly Review* states that while only 600 registered medical practitioners die each year in England, there are 1,200 added each year. The death rate also having largely decreased, and sickness in proportion, competition is exceedingly severe, so that for a position, the salary of which was $500 a year, forty-five well qualified candidates applied. The average income of the profession is said to be $1,000 per year, and it is declared that it will take an average man twelve years to reach that figure. To obtain a place in the highest rank is supremely difficult.

In cases of ununited fractures, examine the urine from time to time for diabetes mellitus; it is occasionally the unexpected cause.

Don't forget to examine the urine frequently throughout the stadium of scarlet fever. Nephritis is a common sequel to this disease, and its onset must be watched with jealous care.

Differences of opinion still prevail as to the efficacy of surgical procedures in epilepsy, some authorities, Professor Agnew, for instance, regarding them of only temporary benefit, while others give a more encouraging prognosis.

Enlargement of the thyroid gland in anæmic and atonic conditions can be speedily and surely dissipated by Iris (specific tincture), ten drops to four ouuces of water; dose, one teaspoonful four times a day.

In general paresis of the insane nothing is more to be condemned than the use of alcohol. The symptoms are only aggravated by its use. Remissions have been abruptly ended by the use of milk punches two or three times daily.

Why trees or other plants grow erect, has never yet been definitely determined. It has been supposed to have some relation to the action of light. Certainly a plant usually growing erect turns toward any opening for light in a dark cellar; but when there is no light they grow erect.

Deafness need not be regarded as a bad omen in typhoid fever. It is often due to an extension of pharyngeal catarrh in an upward direction, rather than to cerebral lesions; when the deafness is attended with extreme apathy and stupor the prognosis becomes more grave and discouraging.

Out of every ten children, taken indiscriminately from every class in society, eight may be hypnotized at the first or second trial. But the singular part of the subject is that children who have the most marked hereditary nervous taint are the most difficult to hypnotize.—*Berillon.*

Mosquitos may be driven from a room by the use of camphor. Take a piece of camphor fully an inch square and half an inch thick; lay this on the bureau—always exposed—in daytime, and on or near the pillow at night. This is the only remedy that affords thorough relief. Even a mosquito bar lets the mosquitos in and bars the air out.

The four fundamental conditions for the application of the forceps can be summed up as follows:

1. The os must be dilated or dilatable;
2. The membranes must have ruptured;
3. The forceps should be applied only to the head;
4. The pelvis must not be contracted.

The hygiene of old age consistsin proper food and moderate exercise; care not to overload the stomach. Being more susceptible to cold in winter, they should be warmer clad and better nourished at that time. Constipation is more injurious to the aged than any other condition. Meat should be eaten only once a day, at the midday meal. Milk is easily digested and, if cow's milk, should be diluted. Sickness of old age can be prevented but one seldom cured.

Eating an orange or two before breakfast is one of the worst things in the popular dietary. From two to three ounces of sweet acid liquid is introduced into the empty stomach; it hinders the free flow of gastric juice. In cases of lithæmia, oxaluria and nervous dyspepsia this drink is of such a nature as to increase the formatiou of oxalic acid. Physicians everywhere should exert their influence to banish this custom. The only physiological preliminary to breakfast should be a glass of water, of ordinary temperature for healthy persons and hot water for dyspeptics.

Every day that passes affords additional evidence that after the immediate drug effects of the "Keeley-cure" have passed away the drunkard just as certainly returns to his cups as does "the dog to his vomit or the hog to his wallow," that is, provided, his life is sufficiently prolonged. Unfortunately this is not always the case. The rapidly increasing number of cases reported where victims of the Keeley treatment have suddenly expired, or died in an ordinary debauch, is startling evidence of the disastrous effects upon the system of the powerful remedies employed. The bottom is rapidly falling out of the Keeley business, and it will soon be a thing of the past, and then, What next?

Perhaps the next remedy discovered will be something to cure gambling or horse-stealing. For the latter, however, we opine that the practical westener will never willingly give up his favorite and effective remedies—Cannabis sativa (high) and Plumbum metallicum (low).—*Northwestern Journal of Homœopathy.*

Diuretin is an excellent diuretic in the majority of heart diseases, both valvular and vascular diseases (arterio-sclerosis). Cases of heart disease with cronic nephritis are moderately benefited. The pure heart lesions offer the best chances; in these cases an extraordinary large and presistent flow of urine was excited and the organism was in a short time freed from the fluid. In cirrhosis of the liver and in tubercular peritonitis it has no effect. In cronic nephritis its action is uncertain. Diuretin can be taken for a long time and in large doses, as much as two drachms a day, without producing symptoms dangerous to life.

The sanctity of a jury-room appears to be so well guarded that even in case of sudden sickness, a physician may not enter except after due process of law. In the Foss will case, tried recently in Boston, the jury was deliberating, when, late in the evening, one of them was suddenly attacked with what proved to be a stroke of apoplexy. The officer in charge notified the deputy sheriff, who, not having authority to let any one into the jury-room, drove across the city and informed the sheriff, but even this official was not high enough to act, and another expedition started in search of the judge. As the latter happened to be at home, the requisite order was obtained to summon a doctor.—*Boston Med. and Surg. Journal.*

When there are in a community epidemics of typhoid fever, cholera, erysipelas, scarlet fever, and the various types of malarial fevers which are transmitted almost entirely through the medium of food and drink, coffee is a valuable agent and may be used as a drink instead of water.

It is a valuable agent in assisting the digestion of food, and aids the blood in taking up more nourishment than it would without it.

It quickens the circulation of the blood and of respiration.

It is also stimulating and refreshing (due to the caffeine it contains).

In tiding over nervousness in emergencies it is a sovereign remedy.

Taken in the morning before rising, minus cream and sugar, it acts in many cases as a superior laxative.

As a stimulant and caloric generator in cold weather it is one hundred per cent ahead of whisky or other liquors.

As a disinfectant it is one of no small usefulness in the sick chamber.

Many troublesome dyspepsias in women are due to reflex action, and are associated either with menorrhagia or with an irritable ovary.

In Bright's disease the danger comes from insufficiency of the renal secretion. This insufficient depuration of the blood by the kidneys leads to uræmia, which is the true danger.

In the functional forms of anæmia and particularly if the gastro-intestinal canal is out of order, Arsenite of copper in the dose of $\frac{1}{60}$ or $\frac{1}{30}$ of a grain, given three times a day after meals, acts in most a charming manner. The digestion improves, the color becomes more like normal, and patients progress rapidly towards health. The arsenic acts as a stimulant to mucous membranes all over the body. In addition to its stimulant influence on nutrition it tends to prevent disorders of the digestive mucous membrane and so renders perfect secretion and absorption possible. The copper adds tone to the system and promotes assimilation and the production of muscular tissue.

In anæsthesia, the prone and latero-prone positions interfere materially with chest expansion, and hence are liable to bring about a condition of partial asphyxia. In these positions ether should be used in preference to chloroform, if there is nothing in the nature of the operation or in the general condition of the patient to contra-indicate it. If it be necessary to use chloroform, full narcosis should be induced in the supine position, and the patient should then be allowed to come back to a lighter stage, and kept there while he is in the constrained position. On the first warning of respiratory failure, the patient should be moved at once into the supine position, until breathing is again satisfactory; the operation may then be safely completed in the latero-supine position. A possible retrogression of narcosis should always be borne in mind, and if the operation be one involving sensitive parts, or otherwise liable to set up reflex spasm and mechanical respiratory obstruction, it is well to insert a small prop between the teeth, so that if necessary, a gag may be introduced and the mouth widely opened without delay. In the latero-prone position, the arm and shoulder which are uppermost, should as a rule, be supported throughout the entire operation. Particular care should always be taken, that constricting articles of clothing be loosened or removed.

COLLEGE NOTES.

CLEVELAND, OHIO.

CLEVELAND MEDICAL COLLEGE.

Prof. Jones says:—Five per cent of the cases having had measles once have the same disease a second time.

Never treat a case of scarlet fever without testing the urine for albumin every second or third day.

A barking cough, at any stage, in a case of diphtheria is always a bad omen.

Kali bichromicum is the best remedy we have for laryngeal diphtheria.

I am now of the opinion that diphtheria and scarlet fever may coexist,—the scarlet fever running into diphtheria before the case recovers, by reason of the scarlet fever throat rendering the patient peculiarly susceptible to diphtheria.

Measles is most contagious just before the eruptive period. I remember a case in 1865 where two gentlemen room-mates, just coming down with this disease, attended a dance; and every individual who had attended, and there was a large number,—soon had this fever.

As a remedy for pleuritis Squilla is deserving of more attention than it receives. It is closely allied to Bryonia, but differs from it in having irritation of the Schneiderian membrane and the conjunctiva, as is shown by sneezing and lachrymation. It has also a dry cough similar to Bryonia; and a sharp pain, but not so acute as Bryonia. It has another peculiar symptom, and I have verified it many times, viz., with an attack of coughing there is an involuntary discharge of urine.

The presence of tubercle bacilli does not of itself prove the existence of tuberculosis; but, existing with other characteristic symptoms, their presence is confirmatory evidence of diagnosis. And while, so far as I know, nine-tenths of such cases succumb to the disease. I also know that some cases under my care, and in whose sputa bacilli were found in abundance, have recovered. So, my conclusion is that tuberculosis is not a necessarily incurable disease; even if a part of the lung has broken down, it may cicatrize and heal, just as do other tissues.

Quinine is indicated in such cases of malaria as have a previous history of good health, in which the chill is well marked, the interval between the paroxysims being clearly defined; the perspiration considerable; the tongue of normal color, but slightly coated and somewhat moist. In such cases I give it in one grain doses every two hours, beginning just after a paroxysm, and continuing until 10 or 12 grs. have been taken, then ceasing until after the next paroxysm. If the following paroxysm be less severe four to six grs. will be enough to take during the next intermission. After the chills cease, give four to six such doses per day for one week; then a dose in the morning and another in the evening for the next two weeks.

Prof. Schneider says:—Calcarea Carbonica is almost a specific for the chlorosis accompanying amenorrhœa. Use Phosphorus when nervous trouble accompanies this condition, and Ferrum phos. when anæmia attends it.

Belladonna acts upon the nervous system through the peripheral nerve endings, and is, I think, the true homœopathic remedy for trismus. Nux vomica affects the cerebro-spinal nerve *centers*, and has, I think, no more influence on trismus than so much water would have.

If you dissolve a dessertspoonful of salt in a quart of water and use this at a temperature of 102° to 104°, you have one of the best washes to use after curetting the uterus. Use this daily, or, if the condition be acute, every three times per day. Should septic fever ensue, the best remedy is Ferrum phos., 1x to 4x, according to the strength of the patient. Dissolve this remedy in water and give in small and frequently repeated doses. If neuralgic symptoms be associated with the sepsis Magnesia phos., Coculus, or Conium will be needed.

Prof. Baxter says:—I never saw a genuine case of diphtheria benefited by Kali bi., or any other potash remedy.

From the homœopathic standpoint of prescribing there are no tonics; yet if the condition of debility, slow pulse, lowered temperature, etc., call for China, give it as a remedy to cure the condition, and not as a tonic.

Phosphorus has a hemiplegic paralysis of lateral half. It is customary to regard Nux vomica as the great paralytic remedy; this is not true, as the paralysis of nux is paraplegia *i. e.*, paralysis of an upper or lower half.

Cactus grand. has an almost diagnostic symptom of heart disease, viz., an aching tingling, rheumatic pain, with a sensation of numbness in the left shoulder, arm and hand.

For a dry, hard stool, like balls of in-

difficult of expulsion, from intestinal inertia or lack of peristalsis; or, from suppression of the mucous secretion of the bowel; or, if the feces be covered with mucus, or blood, mucus, or pus, as if from an abscess, give Opium.

Prof. Jewitt says:—It is my practice to rupture the bag of waters at almost any stage of labor; and experience shows it to be a helpful practice. I can see no philosophy in supposing there is any dilating force in the unruptured bag.

Do not advise voluntary effort to assist the involuntary pains of labor.

I think "three months' colic" of the newborn is often induced by chilling the surface in the initial bath. I do not allow a bath until the child is one week old.

Prof. Viets says:—One half the people having symptoms of nasal catarrh have nasal polypus.

Aural phlegmon, in the early stage, can be differentiated from otitis media by three symptoms, viz., (*a*) pain, almost if not entirely constant, and worse during the day; (*b*) swelling of external meatus, may be almost closed; (*c*) with a probe you can find a sensitive point, indicating a localized or circumscribed inflammation.

I believe that four-fifths of all the cases of asthma exist as reflex conditions from nasal troubles, and that they can be cured by treating the nose. Many cases of nocturnal enuresis have been cured by treating co-existing nasal abnormalities.

Prof. Miller says:—The poison of the eruptive fevers acts as acutely upon the synovial membranes, as does rheumatism; and this is not sufficiently recognized or the proper care taken during the progress of such fevers.

For the nervous conditions resulting from syphilis, I think there is no other remedy equal to Iodide of potash.

Acid nitrate of mercury, diluted to suit the severity of the case and the sensitiveness of the patient, is about the best means of cauterizing the chancroid.

I always carry an anæsthetic to the lying-in chamber. If the patient wants it, I give it; if not wanted, I do not insist on giving it, unless the pains are very severe and excruciating. I frequently give it in the first stage, when the pains are severe and apparently without effect.

Dr. Osborne says:—Every male child ought to be circumcised.

In opium poisoning do not walk your patient all over creation and add physical exhaustion to vital depression, but stretch the sphincter ani and cause a pain which will stimulate the capillary circulation, and thus do more good than all the time-honored dress parading you ever did.

Dr. Wilcox says:—If a woman tell you that she has ulceration of the womb, put it down that it is either syphilitic or cancerous; if not syphilitic, you have every reason to suspect cancer.

Prof. Wood says:—I do not believe there is any such thing as perfectly physiological climacteric hemorrhage.

Heat, intelligently applied, controls any ordinary uterine hemorrhage; two to three gallons, at 105° to 120° F., should be injected, the hips being elevated to cause gravitation into the fornices uteri. Cold will stop a superficial hemorrhage more suddenly than heat, as its first effect is to contract, its second to dilate; but do not use it unless necessary, as it shocks the system.

An abnormal hemorrhage from the genital tract is but a symptom of some abnormal condition, local or general. It is the duty of the physician to discover the cause of this symptom.

When there is a continuous or exaggerated flow of blood from the uterus which is not controlled by ordinary means, a careful examination per vaginam is imperative. Failing, by this method, to discover the cause of the hemorrhage, dilatation and exploration of the uterus should always be made.

If any symptoms of malignancy of the fundus exist, the uterus should be curetted and the products examined by an *experienced* microscopist; or, if the cervix be involved, a small piece is to be snipped out and examined microscopically.

The value of surgical procedures in certain diseases of the liver and gall bladder is demonstrated by the increasing number of successful cases. To control the profuse hemorrhage which attends the excision of tumors of the liver, the elastic ligature has proved very efficient. The observations of von Meister, who has recently repeated Ponfik's experiments, are not without surgical interest. His investigations on animals have shown that the liver tissues possess a marked capacity for regeneration. It was found that as much as three-quarters of the liver could be excised without causing death, and that complete regeneration had taken place within thirty-six days after the excision.

ANNOUNCEMENT.

THE WORLD'S CONGRESS AUXILIARY
OF THE
WORLD'S COLUMBIAN EXPOSITION
OF 1893.

NOT THINGS, BUT MEN.

PRES., CHARLES C. BONNEY. TREAS., LYMAN J. GAGE.
V. PRES., THOS. B. BRYAN. SEC., BENJ. BUTTERWORTH

HEALTH is the soul that animates all the enjoyments of life.—*Temple.*

A GOOD SURGEON must have an eagle's eye, a lion's heart, and a lady's hand.—*Old Maxim.*

PUBLIC POLICY requires that they who serve the people as Physicians and Surgeons be well qualified. The law therefore regulates both Medical Education and Medical Practice.

IT IS NOT ENOUGH that the physician knows the laws of diseases and remedies; he should also know the civil laws that govern his rights and duties, embraced in Medical Jurisprudence.

THE INESTIMABLE VALUE OF HEALTH to Communities and to Nations, measures the importance and the dignity of the Medical Profession.

DEPARTMENT OF MEDICINE.

INCLUDING GENERAL MEDICINE AND SURGERY, HOMŒOPATHY, PUBLIC HEALTH, DENTISTRY, PHARMACY AND MEDICAL JURISPRUDENCE, IN SUITABLE GENERAL DIVISIONS IN CHARGE OF INDEPENDENT COMMITTEES, WITH A GENERAL COMMITTEE OF CONFERENCE ON MUTUAL INTERESTS.

To facilitate Conventions of appropriate existing Organizations, in connection with the World's Columbian Exposition of 1893, for the consideration of the Living Questions in this Department, and to provide for both Special and General Congresses in which the progress of the world, in the several Divisions of this Department, will be set forth by eminent living leaders in the work. Each Division will have its own Congress.

The Scope of this Department.

In organizing this Department the following themes are mentioned to indicate its scope, and elicit the suggestions, not only of the members of the committees, but also of the members of the Advisory Councils of the Department, and of the General Honorary and Corresponding Members, to be utilized in making the final arrangements for the proposed Congresses:

a. The Evolution of Medical Science, from Æsculapius to Koch.
b. The Leading Characteristics of the Successive Eras of Medical and Surgical Development.
c. The Living Questions of the Time in the Department of Health and Medicine.
d. Standards of Excellence in Medical Education and Practice.
e. Medical Statistics: their Application and Value.
f. The History and Utility of Public Health Authorities, and what improvements should be recommended in the administration of their powers, or in the legislation relating thereto.
g. Sanitary Science, as applied to the Prevention and the Removal of Disease, and herein of Food, Clothing, Drainage, Ventilation, Exercise, Rest, and the like.
h. The Relations of Morals, Education, Culture, Literature, Music and Social Life, to Health and to Disease.
i. The Prevention and Control of Epidemics and Contagions, and herein of the necessity for Governmental Authority to insure Decisive and Speedy Action.
j. Medical Bacteriology; its Origin, Wonders, Condition and Prospects.
k. The Education of the People in the Rudiments of Anatomy, Physiology, Hygiene and Simple Remedies; and herein of the Value of Intelligent Co-operation on the part of the Patient.

Divisions and Committees of this Department.

FOR SEPARATE CONGRESSES UNDER THE CHARGE OF INDEPENDENT COMMITTEES.

I.—DIVISION OF GENERAL MEDICINE AND SURGERY.

II.—DIVISION OF HOMŒOPATHY.

Committee of the World's Congress Auxiliary on Congress of Homœopathic Physicians and Surgeons.

DR. J. S MITCHELL, *Chairman.*
DR. R. LUDLAM, *Vice-Chairman.*
Dr. R. N. Foster. Dr. E. C. Laning. Dr. W. F. Kn

III.—DIVISION OF PUBLIC HEALTH.

IV.—DIVISION OF DENTISTRY.

V.—DIVISION OF PHARMACY.

VI.—DIVISION OF MEDICAL JURISPRUDENCE.

THE WOMAN'S BRANCH OF THE WORLD'S CONGRESS AUXILIARY.

MRS. POTTER PALMER, PRES. MRS. CHAS. HENROTIN, V. Pr

I.—The Woman's Committee of the World's Congress Auxiliary on General Medicine and Surgery.

II.—The Woman's Committee of the World's Congress Auxiliary on Homœopathic Medicine and Surgery.

DR. JULIA HOLMES SMITH, *Chairman.*
DR. ELIZABETH MCCRACKEN, *Vice-Chairman.*
Dr. Julia Ross Low. Dr. Emma C. Geisse.
Dr. Isadore Green. Dr. Coresta T. Canfield.
Dr. Isabella Hotchkiss.

General Committee of Conference and Co-operation on the Congresses of this Department.

DR. NATHAN SMITH DAVIS, *Chairman.*
DR. J. S. MITCHELL, *Vice-Chairman.*

Dr. Henry M. Lyman,	Dr. R. Ludlam,
Dr. John H. Rauch,	Dr. F. W. Reilly,
Dr. J. S. Marshall,	Dr. A. W. Harlan,
Prof. Oscar Oldberg,	Mr. E. H. Sargent,
Dr. Marshall D. Ewell,	Dr. Lester Curtis,
Dr. Sarah Hackett St'vens'n,	Dr. Julia Holmes Smith.
Dr. Sarah H. Brayton,	Dr. H. E. Lawrence,
Dr. H. C. B. Alexander,	Mrs. Ida H. Roby.

THE ADVISORY COUNCILS OF THIS DEPARTMENT.

Each Division Committee of this Department will have the aid of an ADVISORY COUNCIL, composed of persons eminent in the province of the Committee, who will be selected from different parts of the world. This Council will constitute the non-resident branch of the Committee, and will co-operate with it by correspond

Such Councils are in course of formation, but are not yet ready for announcement. Their advice and suggestions will be used in the arrangement of the final plans for the several Congresses.

EXPLANATORY NOTES.

1. The Division Committees are of equal rank and authority. They will report to the President of the Auxiliary.

2. The Congresses of the several Divisions of this Department although separate and independent, will be held as near to each other, in point of time, as may be found convenient.

3. The immediate work of the several Committees will be to open communication with persons and societies interested; to receive and answer inquiries; to prepare preliminary addresses, setting forth the general plans and purposes of the Committee; and to form, mature and report definite plans of proceeding. Final plans must be approved by the Auxiliary to insure harmony with the general arrangements for the whole series of Congresses, to be held between the first of May and the last of October, 1893.

4. Addititional appointments will be made on the above Committees, and other Committees will be appointed if occasion shall require.

5. Communications in relation to the proposed Congresses, should be addressed to the Chairman of the proper Committee.

CHARLES C. BONNEY,
President, World's Congress Auxiliary.

BENJ. BUTTERWORTH.
Secretary.

World's Congress Headquarters, Chicago, January, 1892.

MISSOURI INSTITUTE OF HOMŒOPATHY.—This society will hold its next meeting in St. Louis, April 12–14, 1892.

INDIANA INSTITUTE OF HOMŒOPATHY.—This Institute will hold its 26th annual meeting at Indianapolis in May. Dr. J. T. Boyd, of Indianapolis, is President. The bureaux are well filled, and many papers are promised.

THE article on "Limits of Drug Attenuation," by Dr. Conrad Wesselhoeft, published in the February ERA, is from a lecture on the subject, reported by a student in the class of the B. U. S. M.

THE Editor of the ERA acknowledges the receipt of an invitation to attend the reception at the opening of the new building of the Massachusetts Homœopathic Hospital, Homœopathic Medical Dispensary, and the Boston University School of Medicine, which was given March 16, ult. We regret not having been able to attend, and congratulate our colleagues on the completion of their very fine buildings, which must give them facilities equal to those enjoyed by any other school in the United States.

BOOK NOTICES.

WITH THE POUSSE CAFÉ, BEING A COLLECTION OF POST-PRANDIAL VERSES. By Wm. Tod Helmuth, M.D. Philadelphia: Boericke & Tafel, 1892.

A daintier volume than this, in its white and grey and silver, never before was laid on our desk. But, better still, it is full of the offerings that have kept many a table in a roar, and made memorable many a feast. We congratulate the talented author of these verses—the poet laureate of our school—on the appearance of this handsome volume. It carries the aroma not alone of the *Pousse Café*, but also of the *gloria*.

NEW CURE FOR CONSUMPTION, by its own Virus. By J. Compton Burnett, M.D. Second edition. Philadelphia: Boericke & Tafel. 1892.

This is about as useless a book as we have seen in a long time. The author tries to palm off as homœopathy a mixture of isopathy, Swanism, Skinnerism, and a lot more of nonsense that he has taken great pride and pains in evolving. It is doing injustice, if not an injury, to homœopathy to load it down with such trash as it contains.

It would be better for our school if the Swans and Burnetts and Gentrys would go to night-school, and there learn to call things by their proper names.

EMPIRICISM—RATIONAL PRACTICE—PRACTICE UNDER THE GUIDANCE OF LAW. A Lecture to Medical Students. By Charles S. Mack, M.D. Reprint from the *North American Journal of Homœopathy*, Jan., 1892.

The contents of this pamphlet are described in its title. Dr. Mack has defined in the clear and logical manner for which he is so conspicuous the three methods of practice named. We earnestly recommend it to the reading of every physician. One can gain from it a more clearly defined knowledge of the place that *similia* occupies in its relation to other methods of practice than from any other treatise with which we are acquainted.

THOSE who contribute papers to the Missouri Institute of Homœopathy should reserve the right to exercise their own choice in assigning them for publication.

Annual Reunion of Alumni Association.

The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its annual reunion and banquet, on Tuesday, April 12, 1892.

The business meeting will convene at 4:30 P. M. in Alumni Hall, Hahnemann Medical College, Broad street, above Race, Philadelphia, and the banquet will be served at 10 P. M., at "The Stratford," corner of Broad and Walnut streets.

The trustees and faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the forty-fourth annual commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust sts., Philadelphia.

The banquet cards, costing $3.50, can be secured from any officer of the Association. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after April 11, 1892. If you can make arrangements to be present at the banquet, kindly notify the Secretary and he will be pleased to secure a place for you.

W. W. Van Baun, M.D., Secretary,
419 Pine Street, Philadelphia, Pa.

The American Institute.

The session of 1892 presents some special claims to the support of all homœopathic physicians. To keep alive the prestige and influence gained at the meeting of the International Congress; to encourage the growth of homœopathy in the Southern States; to present a strong front to the governmental officials assembled at Washington; to antagonize the schemes, now taking shape, for the subversion of the professional liberty of the physicians practicing in and around our National Capital; to take action respecting the boycotting of homœopathic physicians by life insurance companies; to further increase the numerical strength and influence of our National Society, and to prepare for a proper display of our power and importance as a profession to the people who will visit our shores during the Columbian Exposition—these are some of the objects and motives that should determine and secure a very large and enthusiastic meeting of the Institute at Washington next June.

The Institute Session of 1892—Secretary's Notice.

The annual session of the American Institute of Homœopathy will be held in Cornwall's Hall, Washington, D. C., beginning on Monday afternoon, June 13, and continuing until Friday, June 17, 1892. Monday afternoon will be devoted to preliminary and routine business, and in the evening the President's address will be delivered and the memorial service held. (See transactions of 1890, page 63).

The proprietor's of Willard's Hotel, the Ebbitt House and the Riggs House have contracted with the committee of local arrangements for a uniform rate or three dollars per day to physicians attending the session and to the friends who accompany them. Private bath rooms and parlors to be charged extra at the usual rates. Rooms, meals and attendance to be first-class in every respect. The local committee will establish their headquarters at Willard's, and will maintain a bureau of information and registration, at which all persons attending the session are requested to register. The committee requests that all engagements of rooms, at any of those hotels, be made through their chairman, Dr. J. B. C. Curtis, or their secretary, Dr. Wm. R. King.

The preparatory work of the bureau is being prosecuted with more than usual energy, and with special efforts to secure an intelligent and profitable discussion of the papers. Essayists who wish their papers well discussed should place duplicate copies in the hands of the appropriate chairman at least one month prior to the meeting.

The secretary's annual circular, to be issued in May, will contain information concerning railroad rates and facilities, and a complete programme of the business of the session. Any physician failing to receive a copy may obtain it on application. Membership in the Institute is open to all physicians in good standing. A blank application for membership will accompany the annual circular. Admission fee, $2.00; annual dues $5.00, entitling the member to the annual volume of transactions.

Pemberton Dudley, M.D., Gen'l Sec'y.
Fifteenth and Master Sts., Philadelphia.

Happy and content is a home with "The Rochester," a lamp with the light of the morning. ***For Catalogue, write Rochester Lamp Co., New York.***

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Changes of address cannot be made unless the old address, as well as the new, is given.

Books, Exchanges, MSS., and communications intended for the Editorial Department, should be sent to CH. GATCHELL, M.D., *Ann Arbor. Mich.*

PERSONAL.

DR. J. C. BURBANK has opened an office at 215 Fifth Ave., Clinton, Iowa.

DR. W. M. L. FISK, of Brooklyn, is the newly-elected president of the New York State Homœopathic Medical Society.

State of Michigan Homœopathic Medical Society.

The twenty-third annual session of the Homœopathic Medical Society of the State of Michigan will be held in Detroit, beginning Tuesday, May 17, 1892. The local committee, composed of Detroit physicians, is making elaborate preparations for the entertainment of the Society, and the meeting, under the presidency of Prof. Jas. C. Wood, M.D., promises to be one of the best in the history of the Society. A banquet at the "Cadillac" will be one of the features of the occasion.

OBITUARY.

SAMUEL S. LUNGREN, M.D., of Toledo, O., died March 7, 1892, aged 64 years.

Dr. Lungren was one of the earliest practioners of homœopathy in northern Ohio. He graduated at Jefferson Medical College, Philadelphia, in 1850, and from the Hahnemann Medical College, of the same city, in 1860. In 1875 he was president of the Homœopathic Medical Society of Ohio. His name has long been identified with the history of our school, and regret at his loss will be felt by many. His death was due to disease of the heart, from which he had long suffered.

Announcement—Illinois Homœopathic Medical Association.

DEAR DOCTOR:

Shall we not depend upon you to aid us in making the Illinois Homœopathic Medical Association a power to demand our rights? An asylum is due us, and by a united effort of all the homœopathic physicians in the State it cannot be denied.

It is certainly your duty, if not your pleasure, to give the society your support and aid in the advancement of the true science of medicine. We should get in line for '93, when our society must entertain the American Institute, and make itself a power in the great exposition.

Please send in your application at once, that we may have a place for you in the May meeting. Fraternally yours,

W. A. DUNN, *Secretary.* C. A. WEIRICK, *President.*

Ohio State Homœopathic Medical Society.

The twenty-eighth annual meeting of the Ohio State Homœopathic Medical Society will be held in Cincinnati, May 10 and 11. The scientific portion of the meeting is well under way and a good attendance is expected. In a social way there will be a reception to the visiting physicians and their ladies given at one of the large hotels. Dr. C. D. Crank, of Cincinnati, is the president, and it goes without saying that the coming meeting will equal any heretofore held since the organization of the society.

LOCATION.—The town of Arthur, Iowa; population 2,000. Write to P. Larson, Esq., for particulars.

LOCATION. — Chetek, Barron, Co., Wisconsin, wants a Homœopathic physician. Address, Isaac Bull, Chetek, Wis.

FOR RENT.—Afternoon hours, in a furnished office. Room 19, 125 State st., corner of Madison st., Chicago, Ill.

"UTAH, A Peep into a Mountain-Walled Treasury of the Gods," is the title of a handsome book that has been issued by the Rio Grande Western Railway. It is a veritable work of art. The reproduction of photographs are very realistic, and tempt one to travel over the road for the sake of the grand scenery. The book is for sale by all news dealers, or sent on receipt of 25 cts., by J. H. Bennett, Gen. Pass. Agt., Salt Lake City, Utah.

THEY SAY

That man's worst enemy is flattery.

That a public officer is a public target.

That hypocrisy is an incurable malady.

That silence is one of the hardest arguments to refute.

That we all abhor the fashions to which we are slaves.

That the greatest of all discomforts is to get tired of one's self.

That every man thinks his lottery ticket will draw the capital prize.

That the road to ruin is broad in order to accommodate the travel.

That one of the best temporary reliefs of vanity is an attack of bilious colic.

That there is nothing in the world people pay so high a price for as repentance.

That virtue doesn't consist in the absence of the passions, but in their control.

That men mourn for what they have lost, and women for what they haven't got.

That most men would rather be charged with malice, than with making a blunder.

That a new remedy that won't cure "cancer and consumption" is no remedy at all.

That no man ever yet added to his reputation by spending time in contradicting lies.

That it is easy to resolve that you will correct a fault just after you have committed one.

That while we are poor necessities are luxuries; when we are rich luxuries are necessities.

That one-fourth of what we eat keeps us, and the other three-fourths we keep at the peril of our lives.

That there is a difference between sitting before the fire and thinking about doing good, and going out in the cold night and doing it.

That there is nothing more certain than uncertainty.

That everybody's friend should be nobody's confidant.

That there are a great many excuses that are worse than the offense.

That he who trusts to luck for his happiness will be lucky when he gets it.

That there is nothing so easy to learn as experience and nothing so hard to apply.

That opinions should be formed with great caution, and changed with still greater.

That human happiness, after all, consists in having what you want and wanting what you have.

That many men will tell you that their success in life is more of a surprise to themselves than it is to you.

That you should answer a fool according to his folly, but you don't have to vote the same ticket that he does.

That when a man realizes that he cannot become famous, there is hope that he will settle down and be useful.

That if some people should see themselves as others see them they would not trust themselves with their own pocketbooks.

That three-quarters of male criminals are unmarried, which shows that this proportion of men prefer the penitentiary to matrimony.

That man has not yet learned to love his neighbor quite as much as he loves himself but he takes an increased interest in his private affairs.

That marriage never seems so much of a failure to a man as when something goes wrong in the house that he cannot possibly blame on his wife.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. X. CHICAGO, MAY, 1892. No. 5.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

It is scarcely necessary for us to do more than again to call the attention of the physicians of the State to the meeting of the Association, now near at hand. The Secretary has issued the regular call, and it is confidently expected that, in view of the many important matters that will come up for consideration, it will be more largely attended than any meeting that Illinois has held for years. We refer to matters connected with medical legislation, and representation in public institutions. But, in addition to this, the Secretary has been so diligent that he has the promise of more than one hundred papers, which gives assurance that the hours devoted to scientific discussions will be well filled. This always makes a *lively* and a profitable meeting.

PRESIDENT WEIRICK has also been actively at work, and under his guidance we may be assured that the business of the session will be carried on with satisfaction to all.

AMERICAN INSTITUTE OF HOMŒOPATHY.

In another part of this journal will be found a letter from the President of the American Institute, THEO. Y. KINNE, M.D., and another from the local committee of arrangements, of which DR. J. B. G. CUSTIS is chairman. From these one may learn what is being done for the entertainment of the members of the Institute at Washington, and the importance of a full meeting.

The 13th of June should find every member of the Institute at The National Capital.

THE MULTIPLICATION OF HOMŒOPATHIC MEDICAL COLLEGES..

Kentucky will present the country with the next new homœopathic medical college. It will be located at Louisville. DR. C. P. MEREDITH, of Eminence, is Dean of the faculty, and DR. ALLISON CLOKEY, of Louisville, is Secretary. The name will be the "Kentucky Homœopathic College and Hospital."

The rapid increase in the number of homœopathic medical colleges that is taking place has a meaning. Such things do not come by chance. It means that homœopathy is spreading; that there is a growing demand for homœopathic physicians, particularly in the South, and that the men who compose the faculties of the new schools feel that they are called upon to help supply the demand.

A few years ago no one would have thought of starting a homœopathic college at Kansas City or at Baltimore. But since they have become established, no one questions their right to exist. There are conditions of territory and population that are stronger than our preconceived opinions regarding the number of colleges that there should be. The new schools cannot, in the very nature of things, give as thorough a medical education as can be done by the older colleges. Time will be required for them to work out their destiny.

While all this is true of colleges started in new territory, it cannot be made to apply to cities where there are already ample teaching facilities. Those men who propose to start a fourth homœopathic college here in Chicago will, if they carry out their designs, perform a work of supererogation that should not be countenanced by the profession. There was

no demand for the third institution, the one started last year. That was the conception of a German physician who had the contract taken off his hands by some Yankees.

But to follow this up by starting a fourth college cannot be justified by any law of demand-and-supply, of a "higher standard of medical education," of ampler teaching facilities, of more talented faculty, or anything else. If carried out, it will be an error inexcusable. When there are two good colleges right here in the city, capable in every respect of answering all the requirements of the country tributary to Chicago, to start a third and a fourth means something else than a divine call. It means something else than unselfish devotion to the best interests of the profession. It means something else than an irrepressible desire to "elevate the standard." It means that some one has either a "bee in his bonnet," or an axe to grind. It means that you have the *cacoëthes loquendi*, and you have got it bad.

To point to the time when there was but one homœopathic college in Chicago, and a second one was started, is no justification at all. This is a specious argument that it is very easy to reduce to an absurdity.

So long as it costs but five dollars and fifty cents to incorporate a company in this state, and one dollar to file the record in the office of the county clerk, so long, we presume, will fatuous persons continue to incorporate homœopathic medical colleges. There is no law prohibiting such acts of folly.

To those who contemplate starting the fourth college, we say—Wait until there is a crying demand for your proposed institution. Wait until there is a "long felt want."

Don't mistake your own fond desire for a divine call.

If an all-wise Creator could not make a human frame perfect enough to keep in order through all the hardships we put it through, it seems audacious to demand of the physician who puts us in repair from time to time that he make his work permanently effectual.—*Kate Field.*

AN UNSOLICITED COMPLIMENT.

The Italian Count has a rival.

No sooner has MATTEI established a branch in our midst, where "electro-homeopathic" remedies and saving grace may be had, for a consideration, than a rival springs up in the person of one, MUNYON.

Who is MUNYON?

He is "the latest." He is an humble follower of HUMPHREY. He is bent upon popularizing homœopathy. His method of so doing is peculiar. The following advertisement, which appears in the Chicago daily papers, will make the matter understood far better than could be done by words of ours.

With every tick of the watch a life is lost! Most of them before their time. You know scores of people who have been cut off in their youth, in their prime—while years and years of life should have been in store for them.

Why, then, do they die?

Carelessness. THEY DON'T GO FOR HELP UNTIL IT IS TOO LATE!

Of course they would go to the doctor for advice if it didn't cost so much.

Suppose the cost were swept away. Suppose the very best homœopathic talent in Chicago could be had *for nothing?* Would you sit still and let DEATH gather you in.

No; you'd crowd to the place where this great gift could be had.

There *is* such a place.

Munyon's Homœopathic Home Remedy Company has established at 000 Wabash avenue, where eminent male and female physicians make the most thorough examinations and give advice absolutely free.

You are welcome to look. You are welcome to try. Not a penny for anything unless you care for medicines—genuine Homœopathic medicines at a trifling cost.

The policy of Munyon's Homœopathic Home Remedy company has been to secure *at no matter what cost* the best formulas of the Homœopathic specialists. The result is the most wonderful gathering of remedial agents the medical world ever saw. Among their claims are these:

1. Insomnia and all nervous diseases speedily and surely cured.
2. Headache cured in fifteen minutes.
3. Colds cured in three hours.
4. Coughs eased in a few minutes.
5. Asthma relieved in five minutes.
6. Rheumatism quickly and positively cured.
7. Sore throat cured in three hours.
8. Colic cured in ten minutes,
9. Catarrh cured in a few days by a new system,

Kidney and Liver Complaints, Dyspepsia, Constipation, Piles, Neuralgia, and all Female Complaints quickly relieved and soon cured.

There isn't the faintest obligation on your part to buy a cent's worth of medicine of any kind.

The thorough medical examinations are as free as air.

Come if you can; if you can't come send for "THE GUIDE TO HEALTH." It will cost you nothing and may save your life.

It is said that only things of real merit are ever imitated. Hence, this new scheme is a compliment of the highest order paid to the virtues of homœopathy.

But homœopathy was flourishing very nicely, and gaining the confidence of the people, long before MUNYON paid it this unsolicited compliment. Homœopathy could get along just as well without MUNYON, while, on the other hand, MUNYON could not get along just as well without homœopathy. Therefore, this is rather a one-sided affair.

Homœopathy has come to stay. Whether or not MUNYON has come to stay—*nous verrons.*

OPINIONS EXPRESSED.

And I said of medicine, that this is an art which considers the constitution of the patient, and has principles of action and reasons in each case.—*Plato.*

It is one of the grandest achievements of modern surgery that operations can be performed and immediate healing take place without inflammation or suppuration.—*Dr. Horace Packard.*

The assertion so confidently made by some to the effect that paroxysmal inebriety can be "radically cured" seems to me open to serious question. I have seen altogether too many "cured" cases relapse.—*Dr. L. B. Tuckerman.*

Since abandoning local applications to the uterus conceptions have increased more than ten per cent in the same group of cases in which I used local treatment and tinkering early in my experience.—*Dr. Joseph Price.*

If man were made of one material diseases would be unknown to him, or, if they should come on, they could be cured by a single remedy; but, being composed of several materials—some of which heat and others that cool, some which dry and others that moisten—different diseases arise, which also require different remedies.—*Hippocrates.*

Bring not, to see me cease to live,
Some doctor full of phrase and fame,
To shake his sapient head, and give
The ill he cannot cure a name.
—*Matthew Arnold.*

ORIGINAL ARTICLES.

EXTRAORDINARY CASE OF ASCITES, DUE TO THE PRESENCE OF A FIBROID TUMOR—OPERATION—RECOVERY.

BY J. W. STREETER, M.D.
CHICAGO.

BELLE, aged nineteen, Irish parentage, was brought by her physician and her mother to the Chicago Homœopathic College in October, 1891. On the following day I operated for the relief of the greatest tendency to ascitic accumulation on record.

The history is this: Though in her nineteenth year she had never menstruated. She had good health up to the middle of her seventeenth year. At this time she was suddenly seized with a severe pain in the lower abdomen, worse in the left inquinal region, which continued for nearly a week. It gradually subsided, and at the end of fourteen days she was able to sit up. It was now found that the abdomen was considerably distended with fluid. The fluid increased and, at the end of one month from the first attack of pain, the aspirator was used and twenty-four pounds of water drawn off. There were no ill effects from the aspiration, and the girl never had a return of the pain, but the abdomen at once refilled. Tapping had to be repeated in less than three weeks, and again twenty-four pounds of water were removed.

This state of things lasted for more than two years. The period between the tappings grew gradually less until she was unable to go more than *five days* without relief. She would report at the office of her physician, be relieved of twelve quarts of ascitic fluid and then go comfortably about her business. She was tapped more than *one hundred and thirty times* and the enormous quantity of *three thousand one hundred and sixty pounds* of fluid removed in two and one-half years. During the whole of this period she had from one to four liquid movements from her bowels each day, and, except when distended with fluid, she passed the usual quantity of urine. A singular feature of the case is this: that neither mother or daughter would admit that there had been any unusual *thirst*, or that the girl had been in the habit of taking more liquids than other members of the family were accustomed to take. In appearance the girl was of medium height, slender and anæmic. Exam-

ination of the abdomen gave evidence of moderate ascitic distention and of a *hard mass* sunk low in the pelvis. Examination per vaginam gave well developed external genitalia, but entirely destitute of hair; a well formed vagina; a uterus very rudimentary—its vaginal cervix being no larger than a split pea and its body like a lima bean—and a firm, but movable, tumor filling the pelvic basin. Examination of the pectoral region showed entire absence of mammary glands.

Diagnosis:—Solid tumor, probably developmental, in an individual of imperfect sexual organization.

I performed abdominal section at once. While enlarging the incision with scissors the bladder was cut to the extent of two inches, though the catheter had been passed after the patient was on the table and all ordinary precautions used. The empty bladder lay flat against the abdominal wall nearly three inches above the pubis. While I held the edges of the cut viscus in place, Prof. Willard, my clinical assistant, sewed them carefully together with interrupted sutures of fine silk.

The tumor was easily turned out of the pelvic bed and out of the abdomen. It was attached by a broad surface to the omentum. Subsequent examination found it to be a fibroid—as unusual as the extraordinary dropsy to which it gave rise. A large plate of omentum was removed with the tumor.

Inspection of the pelvis confirmed the diagnosis—no ovaries, no tubes, and a uterus which would weigh about two drams. The patient made an excellent recovery and is said to have grown three inches in height while in bed. No return of the dropsy has occurred.

The chief interest in the case, aside from the immense secretion of ascitic fluid, lies in the fact that the tumor was *benign*, that it was so placed that it could not obstruct abdominal circulation, and that it was only by acting as an "irritant" that it could give rise to the dropsy.

2001 Prairie Avenue.

The key to the arrest and cure of pulmonary tuberculosis is to be sought in nutrition, local and general, and every remedy must stand or fall as it is useful or useless to this end, and its greater or lesser value must be estimated by the same standard. Climate furnishes no protection against follies, indiscretions and errors, whether from want of proper knowledge or sufficient self control.

AN EXPERIMENT DEMONSTRATING THE PAINLESSNESS OF ELECTROCUTION.

By F. F. NETHERTON, M.D.

CLINTON, MO.

I AM aware that there are many who decry the use of electricity as the means of displacing the rope and gallows as an instrument of execution.

These self-styled philanthropists argue and try to maintain, in the face of repeated evidence to the contrary, that it is a painful and most torturesome death and a barbarous practice. While I am willing to concede that blundering is possible, and that the last moments of the subject can be made most agonizing and pain produced most excruciating, yet it is possible to avert all this, and life's thread may be cut without the slightest pang of suffering.

Now, by some, I will at once be judged and condemned as only a blind theorist; but to further substantiate my ideas, no better proof can be produced that electrocution is painless than the writer's own experience, so far as it was permitted to go. We know that persons have been resuscitated from drowning and from the effects of severe cold and were able to relate a remarkable experience.

One evening recently, having had occasion to use my battery (faradic current), it occurred to me to apply it to the region of my own heart and note the effect. My heart is normal and healthy in every way, with no history of any cardiac weakness in ancestry. I used a current only sufficiently strong to produce contractions of the abdominal parietes. While in a standing position I placed the sponge electrode of the positive pole over the lumbar region of the spine and the negative over the sternum, on a line with the nipples. I had held the electrodes in that position but a moment, probably ten seconds, before I became slightly faint, and I at once suspended their application.

I felt my pulse at the wrist; it was quite slow, probably fifty per minute. Normally my pulse is seventy. Then consciousness left me. The first thing of which I was aware I had fallen prostrate; the shock had aroused me to a knowledge of my condition. It was some seconds before I realized that I was in my own office. I felt no pain and at once arose, though somewhat dazed and rather weak. I again examined my pulse, which was only forty per

minute, and respirations only eight. Inspirations were long and labored, while expirations were short and forcibly expelled. In making a note of my appearance in the mirror, I found the pupils dilated, face very pale and my ears entirely destitute of color, so bloodless and marble-like were they. Feeling quite weak I now took a reclining position on a couch and studied my symptoms.

The most prominent feature was the slow, full breathing, with the very weak and slow-pulse. After thus reclining about five minutes I undressed and retired, still feeling the sensation of weakness and depression, though in a less degree. I also had a feeling of chilliness which soon passed away on inhaling a little camphor. After a short time I fell asleep and awoke next morning but little the worse for my experiment.

The experiment was not made with the idea of testing the matter from an electrocutionary basis; but to satisfy the desire to know, perconally, the action of a mild electric current on the heart in a living organism. From my personal knowledge by the experiment, I deduce the following: That since a weak current can be applied over the heart and a cessation of consciousness is produced and absolutely no pain felt, a stronger current may be used and instant death ensue. Now, this may be significant, that in order to produce the best results in execution the current should be applied directly over the heart, instead of to the head and other portions of the body, as is done by the electrocutioner.

Physiologically, I attribute the effects I experienced to the current, in its action upon the heart, as a paralyzant, causing the slow and weak pulse, inversely to the strength of current used. The sensation of faintness was due to its effect on the brain through the pneumogastric, producing cerebral anæmia.

Much remains to be learned of the action of this mighty power. It is yet in its infancy, or, more tersely stated, we are as infants in comparison with those who will succeed us in the development of this mighty agent, employing it in its manifold adaptations in science.

From a psychological point of view and from mental pathology it may be stated that Cocoa is the only drug which successfully combats melancholia, low spirits, and all forms of depression of the nervous system, upon which it acts like fulminate.

BELLADONNA AS PRESENTED IN THE CYCLOPÆDIA OF DRUG PATHOGENESY.

BY CHAS. S. MACK, M.D.,
ANN ARBOR, MICH.

IN the Cyclopædia the records regarding atropine are kept distinct from those regarding belladonna, and in the present study the atropine records are not considered. I have omitted from this study the record of post-mortem appearances: the Cyclopædia records them only in poisoning case No. 8. I have omitted, too, poisonings 12 to 17, which are printed in small type, and the records of experiments on lower animals.

From the records upon which this study is based I have attempted to cull and classify items which, taken together, shall fully represent the drug's pathogenesy as brought out in those records. Regarding each item I have indicated what is the particular record from which it is taken. *P.* stands for *proving; T.* stands for *toxicology.* Thus *P.*19 refers to the record of *prover* 19, and *T.*5 refers to the poisoning case numbered 5. *a*, *b*, *c*, etc., refer to paragraphs so lettered in the Cyclopædia. I have used the + sign to idicate that to more than one person does the record referred to apply.

Provings Nos. 1 and 2 are references to Hahnemann's records.	Proving No. 12 tells of 1 prover.
Proving No. 3 tells of 1 prover.	Proving No. 13 tells of 2 provers (designated by *a* and *b*).
Provings Nos. 4 and 5 tell of 12 provers.	Proving No. 14 tells of 1 prover.
Proving No. 6 tells of 3 provers.	Proving No. 15 tells of 1 prover.
Proving No. 7 tells of 1 prover.	Proving No. 16 tells of 6 or more provers.
Proving No. 8 tells of 1 prover.	Proving No. 17 tells of 1 prover.
Proving No. 9 tells of 1 prover.	Proving No. 18 tells of 1 prover.
Proving No. 10 tells of 1 prover.	Proving No. 19 tells of 1 prover.
Proving No. 11 tells of 1 prover.	Proving No. 20 tells of 1 prover.

Total, thirty-six or more.

Proving 14 was result of "an unwarrantably large dose of the extract, to quiet the pain of a severe neuralgic faceache." I do not know why it is classified as a proving instead of as a poisoning. Prover 17 seems to be the same person as prover 20, so that 35 or more persons took part in these provings.

Poisoning No. 1 tells of 1 patient.	Poisoning No. 8 tells of 1 patient.
Poisoning No. 2 tells of 1 patient.	Poisoning No. 9 tells of 1 patient.
Poisoning No. 3 tells of 1 patient.	Poisoning No. 10 tells of 1 patient.

Poisoning No. 4 tells of 6 patients.	Poisoning No. 11 tells of 23 patients.
Poisoning No. 5 tells of 1 patient.	Poisoning No. 18 tells of 1 patient.
Poisoning No. 6 tells of 1 patient.	Poisoning No. 19 tells of 1 patient.
Poisoning No. 7 tells of 1 patient.	Poisoning No. 20 tells of 1 patient.

Total number of patients, forty-one.

Only two of these poisonings (8 and 19) are said to have been fatal. Poisoning No. 11 records observations in twenty-three epileptics under treatment with belladonna. The total number of poisoned persons observed was forty-one. The records we are to study are made, then, from observations upon seventy-six or more persons.

For further information regarding these records the reader is referred to the Cyclopædia of Drug Pathogenesy.

HEAD, MIND AND GENERAL NERVOUS SYSTEM.

Vertigo or dizziness. *P.*5*c*.6*b*+.13*b*. *T.*4+.

Vertigo, but no headache. *T*2*a*.

Dizzy—"as though she had taken a drop too much, and as if there were a board before her forehead." *P.*12.

Vertigo increasing to such an extent as to render it impossible to walk without staggering. *P.*14*a*.

5. The dizziness, which at first was transient, soon became continued and very severe. *P.*14*a*.

Several experienced slight and transient vertigo. *T.*11*i*.

Vertigo greater on movement. *P.*11*a*.

Vertigo, increased by any movement of the body. *P.*5*c*.

Giddiness, reeling as from slight inebriation. *P.*4*c*+.7.

10. Tottering, or unsteady gait. *T.*4*b*+.19.

Headache (not further described). *P.*7.9. *T.*4*a*.20.

In few—4 at the most—was any headache excited. * * * Some felt cloudiness of the head, one woman to such a degree that she seemed intoxicated. *T.*11*i*.

Headache with dryness of mouth, throat and nasal cavity. *P.*5*a*.

Headache with confused dulness of mind and senses. *P.*3.

15. Dulness in frontal region. *P.*6*a*+.

Pressive pain in supra-orbital arch. *P.*10.

Slight pressive pain behind and above the eyebrows. *P.*19.

Violent headache "seated chiefly about orbital fossa." *T.*9.

Pressive frontal and general headaches. *P.*4*c*+.

20. Darting pain under left parietal bone, and later extending to temples. *P.*13*b*.

Slight cutting pain behind ears. *P.*13*b*.

Slight lateral headache. *P.*13*b*.

Sharp cutting pain in side of head, from frontal to occipital region, becoming general, and at last settling in left parietal bone. *P.*13*b*.

Tearing pain in the head. *P.*6*b*+.

25. Complains of intense pain in the head, and says it feels enormously large, "as also does her throat." *T.*3*c*.

Dull, uneasy sensation all over the head *P.*13*b*.

Oppression and empty feeling of head. *P.*4*c*+.

Oppression of the head as in commencing intoxication. *P.*11*a*.

Determination of blood to the head, throbbing of the vessels, and sense of the heart-beats within the skull. *P.*11*a*.

30. "The feeling in the head was that of violent congestion, a full, tense, throbbing state of the cerebral bloodvessels, identically the same sensation as would be produced by a ligature thrown round the neck, and impeding the return of the venous circulation." *P.*14*a*.

Fulness and throbbing in head * * * throbbing headache with heat. *P.*20.

Pulsating headache, aggravated by exercise. *P.*17.

Slight headache ("as though a board lay on forehead"), which, though it may go off, can always be brought back by movement. *P.*12.

Headache, aggravated by stooping, for a long time recurred on moving and stooping. *P.*12.

35. Head is hot. *T.*4*c*.

Head is very hot. *T.*4*d*+.

Head hot, feet cold. *P.*17.

Sensation as if the hair on top of head were being pulled. *P.*13*b*.

"The moist hair stood on end." *T.*6.

40. Dulness of intellect. *P.*5*b*.

Head became confused. *P.*5*b*.

Head became dull. *P.*6*b*+.

Confused dulness of mind and senses. *P.*3.

Clouding of the senses and hallucinations. *P.*4*c*+.

45. Confusion in the head increased by moving the head, still more when walking. *P.*11*a*.

Mind unusually bright, study, easy. *P.*17.

"Intellectual operations at times were very vivid Thoughts came and went, and ludicrous and fantastic spectacles were always uppermost in my mind." *P.*14*b*.

"I was conscious that my language and gesticulations were extravagant, yet I had neither power nor will to do otherwise than I did; and notwithstanding my bodily malaise, my mind was in a state of delightful exhilaration." *P.*14*b*.

Great intolerance of light and noise. *T.*3*c*.

50. Picking at the sheets. *T.*3*b*.

Hallucinations. *P.*4*c*+.

Symptoms of intoxication and slight delirium. *T.*5.

Incoherent talk. *T.*4*b*+.

"'A sensation of madness in her brain,'" but in less than an hour lost quite suddenly the power of speaking and swallowing, and fell into a comatose state. *T.*3*a*.

55. Coma. *T.*18.

Appeared conscious when roused and addressed, but could not answer. *T.*3*a*.

Soporose condition, with violent convulsions of the extremities *T.*4*d*+.

Torpor. *P.*4*c*+.

A child 3 years' old poisoned with belladonna had, while under treatment (a part of which was morphine gr. 1-32 hypodermically), twitching of right eyebrow, both eyes jerking to right side; "then muscles of right hand and leg became implicated, there being about 4-5 spasmodic contractions to the minute, synchronous with the jerking of the eyes. Left side was wholly unaffected." *T.*18.

60. Partial coma alternating with paroxysms of uncontrollable tendency to motion and rapid automatic movement, attended with convulsive laughter. *T.*1*b*.

Slight, not unpleasant, delirium: wished to be in constant motion, and was greatly delighted to be able to walk up and down. *P.*14*b*.

Decided delirium: "My judgment, I think, was sound, when I chose to exert it, but nothing could rid my eyes of a legion of most disgusting spectra. I am not very partial to any part of the insect creation, but cockroaches are my special horror, and spectral cockroaches were swarming all over the room." *P.*15.

In delirium insisted that there were very horrid monsters all over the room, staring at her. *T.*3*c*.

In violent delirium, so that he has to be restrained in strait waistcoat. *T.*2*c*.

65. Delirium with mental delusions which were, for the most part, though not altogether, of an agreeable kind: the prevalent fancy in the patient's mind was that he had become suddenly rich and possessed of a splendid mansion. *T.*2*f*.

In delirium attempts to bite and strike her attendant, and breaks into fits of laughter, and gnashes her teeth. *T.*4*c*.

"She was talkative, and laughed loudly; but the mind was disordered, so that speech did not correspond to thought, nor thought to sense, nor sense to the objects present." T.6.

Was strange and did foolish things: later tore her bonnet, pulled stones out of the ground and threw them at the passers-by, sprang into the water. Later she was tossing about the bed in a perfect rage. * * She spoke constantly and rapidly, talking nonsense; tried to tear her night-dress and her clothes; in short, she resembled one mad to the utmost degree. *T.*7.

Loquacious delirium. *T.*9.

70. Lost the power of articulation, and presented general appearance of a person seized with slight paralysis. He was quite unable to stand or walk, and his limbs were in a state of tremor and agitation. He became cold, and nearly approaching a state of insensibility. * * * * He moved the body incessantly backward and forward, as if his inward suffering (not otherwise expressed) was very great. * * * * * Insensibility more complete. * * * "No active delirium was manifest, but from the general appearance of the eye and features, no doubt that peculiar derangement existed, subdued partially by the pressure on the cerebral organ, so as more nearly to approach the character of apoplexy." *T.*8*a*.

Began to feel a little confused, but transacted business correctly. Later there was noticed something strange in his speech and manner. Mind became much confused, and he had (5 or 6 times in quick succession) "convulsive catchings" of extremities, face and trunk, "such, he says, as animals have when bitten by venomous serpents." His mind then began to ramble. * * * * * He was found standing by the bed, supported by two men. He seemed to have very little power of, or control over, lower extremities, and would have fallen if unsupported. He dragged legs on being led about. He was restless in the extreme, and would not lie down for an instant; hands were in constant motion; he seemed as if he were busy moving some light objects; occasionally he made ascending movements with feet. He moved his mouth incessantly, as if talking, but sounds emitted were inarticulate and unintelligible. He paid no attention to those about him, in fact, seemed unconscious of their presence, only now and then, when addressed in a loud voice, he stared at the speaker for an instant, like one aroused from a sound sleep. Once he laughed when bid to put out his tongue, and rapidly protruded and withdrew it. Memory continued very defective for 2 or 3 days. *T.*10.

Impeded activity of tongue, speaking and swallowing difficult. *P.*4*c*+.

Slight twitching of the muscles of the right side of the face. *T.*3*b*.

Convulsive closing of jaws and contraction of muscles of face and extremities. *T.*5.

75. No well-marked convulsions, but, during the brief periods of sleep into which the patient would fall, slight subsultus of the muscles of the face and extremities. *T.*1*b*.

Spasms. *T.*7.

Horrible spasms and frequent convulsions, the flexor muscles being chiefly involved. In the intervals between the spasms she uttered cries audible far and wide, evidencing the pain she felt. *T.*6.

Being "attacked by excessive convulsions, simulating true epilepsy, she began to raev." *T.*6.

Rigidity down the spine. *T.*5.

80. "All his limbs were equally powerless." *T.*2*b*,

It was "some days before she was able to walk, even with the assistance of a person on each side of her. This inability to walk did not arise from

weakness, but she appeared to have lost all power of controlling the action of the legs." *T.3e.*

Tottering gait (whether from feebleness or from giddiness, or from something else, may be questioned). *T.4b+.*

If touched by any person, she jumped as if in great alarm. *T.3.*

"Felt slight warmth along back of right forearm, as of approaching numbness, and slight paralytic feeling along anterior tibial nerves." *P.13b.*

85. A remarkable numbness, extending over all parts of the trunk and extremities, persisting for several days. No pain could be excited, while this condition existed, by forcibly pinching the skin of the forehead or of other parts; and although an unusual sensation was perceived by the patient at the moment, he could not, with his eyes averted from the operation, point out the precise spot subjected to compression. Anæsthesia co-existed with consciousness, resembling the state often recognized during recovery from the effects of chloroform. *T.2e.*

FACE.

Redness of face. *P.11c.12. T.4a&c.4d+.19.*

Face remarkably red. *P.7.*

Excessive redness of eyes and face. *T.9.*

Face a little flushed, but no throbbing of vessels was perceptible. *T.10.*

90. Blood-red countenance. *T.7.*

Three only were subject to redness of face, and this only after the belladonna had been continued some time. *T.11m.*

Nearly all, in the early stage of the action of belladonna, had pale faces. *T.11k.*

Face "full and flushed; the head and general surface warm." *T.2.*

Face red and turgid, and "the temperature and color of the surface considerably augmented." *P.14.*

95. Face hot, but not flushed. *P.17.*

Heat of face without redness, afterward flushed and swollen; sharp pains in cheek. *P.20.*

Face heated. *P.9.*

In face such an increase of heat that it actually glowed, and became brownish red and turgid. *P.5a.*

"The countenance was red and swollen (the rest of the surface being pale.)" *T.6.*

100. Tumefaction and redness of face and lips. *T.5.*

Face so much swollen and red as quite to change his natural appearance. His daughter remarked that the wrinkles of old age had disappeared and he appeared much fatter than usual. *T.8b.*

Bright redness and much swelling of left cheek, "eye being completely closed; a vesicular eruption was scattered over the cheek, which was rough to the touch: * * * throbbing of affected cheek." This after application of belladonna plaster to small tumor in right breast. *T.20.*

On skin of face a slight pimply exanthema broke out, which suppurated slowly and dried up in a few days. *P.5a.*

Papular eruption and a boil on face. *P.4e.*

105. Sharp pains in right malar bone, extending to eye and temple. *P.17.*

Sharp pains in cheek. *P.20.*

Terrified expression of countenance. *T.1a.*

"Peculiar wild expression of countenance." *T.2d.*

Looks wild and fierce. *T.4c.*

EYELIDS.

110. Weariness of the lids. *P.5b.*

Heaviness of lids, especially right lid. *P11a.*

Quivering of left upper lid. *P.11c.*

"There was constant nictitation." *T.3b.*

Slight swelling of lower eyelids. *P.13b.*

115. Eyelids œdematous: this was perhaps extension from local effects of belladonna plaster applied to breast. *T.20.*

Annoying weakness of sight in right eye while writing so that letters seem to swim, and a troublesome feeling as if right eyelid was paralyzed. *P.10.*

Eyelids of left eye puffy and redder than those of right eye; the upper left lid "prolapsed, as in ptosis." *T.2b.*

"Closing of left eye." *P.11c.*

Conjunctiva and edges of lids injected. *P.5b.*

120. Burning in lids. *P.3.*

"Raising of eyelids." *T.5.*

EYEBALL, WITH PARTS AND APPENDAGES. VISION.

Dryness of eyes. *P.8.*

Dryness and injection of the conjunctiva. *P.3.*

Conjunctivæ injected. *P.6+.11a.14a. T.1a.2d.*

125. Excessive redness of eyes and face. *T.9.*

Dilatation of the pupil.* *P.5b.6.c+&d.7.10. 11a&c.12.14a.15.18.19. T.1a.2b.3a.4b+.5.7.10. 18.19.*

Pupil of right eye slightly dilated. *T.20.*

Dilatation of pupils; of right more than of left. *P.10?11a.*

Dilatation of the pupils; of left more than of right. *P.12.*

130. Every object in the room, both real and spectral, had a double, or, at least, a dim outline, "owing to the extreme dilatation of the pupils." *P.15.*

Diplopia. *P.4c+.18. T.4+.*

Diplopia: objects passed before the eye with an undulating motion. This could be overcome by effort, but recurred in greater degree after effort had been relaxed. *P.14a.*

Distant objects seem clearer than those close by. *P.10.*

Flashes like lightning before right eye. *P.19.*

* "Normal rather contracted pupils." *P.6a+.*

135. On shutting eyes dull flashes of light. *P.*19.

When walking in open air black spots and stripes before eyes, rapidly appearing and disappearing. *P.*19.

While walking in the open air and in bright light vision was weaker, better in darkness and twilight. *P.*10.

Flickering before eyes. *P.*11*c.*

Flickering before left eye, making her wipe it often. *P.*12.

140. Dimness of vision, as though a cloud were between the eye and the object looked at. *P.*14*a.*

Sight so bad he could not see the largest letters; next day "sight quite extinct." *P.*18.

"Still more complained, especially in the morning, of decided dulness of the eyes, * * *; while one had actual blindness lasting for three weeks. No permanent harm, however, resulted to the sight of any. *T.*11*j.*

Sight somewhat clouded. *P.*11*c.*

Impaired vision. *P.*4*c*+.

145. Vision obscured. *P.*5*b.*

Speedy dimming of the eye occurred when reading. *P.*10.

Letters swam while reading. *P.*5*c.*

Eyes rather tired and weak; objects seen as if through glass, not obscured. *P.*19.

Reading by artificial light was difficult, lines seeming to skip up and down. *P.*3.

150. In bed while reading as usual the letters run together, so that he cannot go on. *P.*11*c.*

"Sight (as of letters) multiple, not clear, and irregular." *P.*7.

In writing he is obliged to close the effected eye [right] to see the letters. *P.*10.

The contours of moving bodies wanted clearness, and print seemed to affected eye [right] smaller and paler. *P.*10.

Sight of left eye more impaired than that of right. *T.*2*d&e.*

155. "She can see me for a moment only, and then my face becomes horribly distorted." *T.*3*c.*

"He sees without glasses, the letters larger, and also more keenly with left eye than with right, which normally does not obtain." *P.*11*c.*

"The specific sensibility of * * * retina was not entirely restored until after common sensation had returned to the general surface." *T.*2*e.*

Sensitiveness of the eyes. *P.*4*c*+.

Frequent feeling as if the eye swam in tears and of increased heat. *P.*10.

160. Burning in eyes and lids. *P.*3.

Slight photophobia and sneezing when in sunlight. *P.*17.

Transient slight burning in outer canthus of left eye. *P.*11*c.*

A hot pricking in right eye. *P.*11*a.*

Very transient fine shooting pains in both eyes while walking in open air, with feeling of heat coming against them. *P.*11*a.*

165. Pressing or darting pain in or near the orbits. *P.*13*b.*

Conjunctival vessels were fully injected. There was total absence of lachrymation, and motion [of eye-balls] was attended with a sense of dryness and stiffness. *P.*14*a.*

Feeling as if a sticky mass lay between eyeballs and lids, hindering natural movements of lids. *P.*11*a.*

One had heat in the eyes; another had pressure, and a feeling as if grains of sand were there; two spoke of pain, and two showed some redness. *T.*11*j.*

Eyes rather tired and weak; objects seen as if through glass, not obscured. *P.*19.

170. Feeling in eyes as if they protruded from their sockets. *P.*11*c.*

Eye drawn somewhat upward and outward [from local application while prover was taking drug internally]. *P.*6*d.*

Eyes swollen and very tearful. *P.*9.

"Eyes sparkling and as if swimming in tears." *P.*12.

"Glistening, protruding eyes, as if swimming in tears." *P.*11*c.*

175. Eyes prominent, dry and exceedingly brilliant. *P.*14*a.*

Whole eye prominent and preternaturally brilliant. *T.*1*a.*

The eyes were sparkling, rolling about, and projecting. *T.*6.

Eyes protruding. *T.*4*d*+.

Eyes had a wild vacant appearance. *T.*8*a.*

180. Left upper "lid tumefied and prolapsed; the conjunctiva more vascular, and raised above the margin of the transparent cornea, which, in a few days, became opaque; and a small quantity of puriform fluid had accumulated in the anterior chamber of the eye." *T.*2*d.*

Ears. Hearing.

Tinnitus aurium. *P.*4*c*+.5*b*.6*a*+.11*c.*

Slight earache. *P.*13*b.*

"The heaviness of hearing in one youth, and the noises in the ears—with rush of air from the left—experienced by one of the girls, are very dubious effects of the drug." *T.*11*i.*

Alimentary Tract.

Dryness of Lips. *P.*4*a*+.11*c.*

185. Indefinable slight pain shot through two middle upper incisors. *P.*11*a.*

After lemonade sharp pain in stomach and bowels for short time, followed by toothache on left upper molar. *P.*17.

"He complained of great pain in his teeth." *T.*5.

Saliva diminished. *P.*8.

"Only one complained of viscid saliva forming largely, and adhering to the palate and fauces, but three others spoke of a certain degree of salivation." *T.*11*h.*

190. Dryness of the tongue. *P.*5*c.*14*a. T.*4c. 10.19.

"The tongue, mouth, and fauces were devoid of moisture, as if they had been composed of burnt shoe-leather." *P.*.14*a.*

Tongue rather dark, but moist. This after the patient, poisoned with belladonna, had received various medicines. *T.*3*c.*

Tongue adhered to palate. *P.*5*a.*

Coated tongue. *P.*4*a*+.

195. Tongue coated white. *P.*11*c.*12.

Yellowish fur on tongue. *P.*6*a*+.

Pappy taste, with white furred tongue, and feeling of emptiness in the stomach. *P.*5*a.*

Tongue and throat extremely dry, and tongue covered with a white, clammy fur which he could pull off in strings. Dryness caused great distress, and impeded articulation. Dryness was aggravated by drinking some water. *T.*10.

Tongue, which had been coated, cleaned after eating. *P.*11*c.*

200. Cramps at base of tongue. *P.*13*b.*

Dryness in the mouth. *P.*3.4*a*+.5*a.*6*a*+.8.11*c.* 18.20.

"The secretions of the glands of the mouth, and the saliva, were entirely suspended. A draught of water, instead of giving relief, seemed only to increase the unctuous, clammy state of the mucous membrane." *P.*14*a.*

Mouth and throat "extremely dry"—"as dry as a chip." *T.*8*a&b.*

Collection of white, tough, viscid mucous in mouth, with frequent spitting. *P.*5*a.*

205. A little saliva, white and round like a ball of cotton, would now and then be evacuated. *P.*14*a.*

While eating white bread and milk pain under hard palate, in middle, which went up into nostrils. *P.*11*c.*

Dryness of mouth so excessive that he can hardly speak. *P.*5*a.*

Burning and great redness in hard palate and throat. *P.*6*b*+.

Aphthae in mouth. *T.*5.

210. Bad smell from mouth. *P.*5*c.*

For a week after proving he had "sore throat, difficulty of swallowing in a great degree, with considerable reddening of mucous membrane of mouth and fauces, and slightly swollen tonsils." *P.*5*c.*

Redness of tonsils and neighboring parts, as also of tip of uvula; but no pain. *P.*12.

Pressive pain in tonsils. *P.*19.

Cramp, extending from tonsil to top of pharynx. *P.*13*b.*

215. Dryness in the pharynx. *P.*3.

Dryness of fauces. *P.*4*a*+.

Fauces red and burning. *P.*5*c.*

Dryness of mouth and fauces. *P.*6*a&b.*11*c.*

Mucus hawked up from fauces. *P.*19.

220. "He can with difficulty detach some tenacious slime from the fauces by hawking." *P.*11*c.*

Felt as though catarrh were developing in throat. The soft palate, tonsils, and back of pharynx were swollen and inflamed; "as this was the second time these symptoms had occurred after taking belladonna, he was certain they were an effect of the drug." *P.*19.

Dryness of throat. *P.*8.15. *T.*3*b.*

Remarkable and excessive dryness of throat in spite of drinking water and chewing gum. *P.*7.

Patient says her throat feels enormously large, as also does her head. *T.*3*c.*

225. "Abundant foam into the throat." *P.*9.

Sensation of heat and dryness in the throat. *T.*2*a.*

Animal food excited sourish taste with subsequent scratching in throat. *P.*8.

Throat was of a deep red color, and the seat of an acute sensation of heat, which appeared to extend throughout the alimentary canal. *T.*9.

Sense of constriction of the throat. *T.*4+.

230. "She complains much of creeping pains which extend to pit of throat and left ear, also dryness." *P.*12.

Swallowing caused aching pain in fauces, the parts were still red and inflamed. *P.*19.

Dryness of fauces increased to scraping feeling, causing such dysphagia that only with difficulty, and by almost constant taking of fluids could he swallow solid food. *P.*11*c.*

Dysphagia; water will hardly go down. *P.*11*c.*

Had to swallow frequently. *P.*12.

235. Constant desire to swallow, mouth and throat dry. *P.*17.

Mouth dry; constant desire to swallow. *P.*20.

Pricking in the throat when swallowing. *P.*17.

Throat sore when swallowing. *P.*20.

Thirst, dryness in mouth, and spasm of throat or constrictive feeling in throat. *P.*18.

240. Remarkable and excessive dryness of throat in spite of drinking water and chewing gum. *P.*7.

The dry, unctuous, clammy state of tongue, mouth, fauces and pharynx is most distressing, and induces a constant attempt at deglutition, and finally excites "suffocation, spasms of the fauces and glottis, renewed at every attempt to swallow." *P.*14*a.*

Slight burning feeling in upper part of œsophagus, must swallow frequently and with difficulty on account of "spasmodic contraction of œsophagus." *P.*19.

Constant and unsuccessful attempt at deglutition; and at every renewal of the attempt, the muscles of the thorax and pharynx are thrown into violent spasmodic action. *T.*1*b.*

"The sensibility of the pharynx was so much impaired, and deglutition so imperfectly performed, that, on introducing a warm infusion of coffee into the patient's mouth, the liquid collected about the larynx, and his features became alarmingly turgid in consequence of impeded respiration." *T.2b.*

245. Could not swallow when liquids were put into her mouth. *T.3a.*

"A burning thirst, with great heat in all parts, tormented the patient, who now craved for drink and now repelled it when offered." *T.6.*

"Several had slight dryness of the mouth, others thirst, which in two instances was somewhat intense. One only complained of viscid saliva forming largely, and adhering to the palate and fauces, but three others spoke of a certain degree of salivation. Two for a short time had difficulty of deglutition, one hoarseness, and one pain in the throat, afterwards shifting to the abdomen and going off in a mild diarrhœa. *T.11k.*

Thirst. *P.3.17.18.20. T.3c.11k+.*

Burning thirst. *T.6.*

250. Inextinguishable thirst. *T.5.*

Patient was a child 3 years old poisoned by belladonna. While under treatment (part of which was morphine, gr. ¼ hypodermically, and chloroform inhalations), was extremely thirsty. *T.18.*

Desire for drink, only temporarily relieved by drinking. *P.4a.+.*

"A draught of water, instead of giving relief, seemed only to increase the unctuous, clammy state of the mucous membrane." *P.14a.*

Dryness was aggravated by drinking some water *T.10.*

255. "He desired drinks without actual thirst." *P.5a.*

Dryness of throat and lips, without notable thirst. *P.11c.*

Pappy taste. *P.4a+.*

Pappy taste, with white furred tongue, and feeling of emptiness in stomach. *P.5a.*

Feeble, aromatic taste. *P.4a+.*

260. Vinous taste in mouth. *P.3.*

Nasty taste. *P.12.*

Animal food excited sourish taste (with subsequent scratching in throat). *P.8.*

Food had not such an agreeable taste, and did not seem to digest as well as usual. *P.19.*

Sense of taste blunted or lost (temporarily). *P.11c.*

265. Two only complained of bitterness in the mouth. *T.11f.*

Diminished appetite. *P.4a+.5a.6a+.11c. T.5.*

No appetite. *P.17. T.6.*

"The appetite varied; with some it was for a short time diminished or depraved, and with a few was extinguished, but with others it was notably increased." *T.11e.*

"Two only complained of bitterness in the mouth, but several of nausea, eructation, and tendency to vomit; some had spontaneous, even pituitous, vomiting, the ejecta in one case having a green color." *T.11f.*

270. Eructations. *P.11b&c.17.*

Occasional bitter eructations. *P.20.*

Nausea. *P.5a.11c.13b. T.4+.5.*

Nausea, with sensation of fulness in throat; gradually changes to burning. *P.13b.*

Nausea and urging to vomit. *P.4a+.*

275. Sight of food nauseates. *P.17.*

After supper nausea and inclination to vomit, without vomiting, this ameliorated in open air after lasting ¼ hour. *P.19.*

Vomiting. *T.5.6.*

Some difficulty in provoking the operation of an emetic "owing to the insensible condition of the stomach. After vomiting, the disposition to sleep became very urgent. Strong coffee, however, counteracted this tendency." *P.14b.*

"Pressure and spasm at stomach." *P.4a+.*

280. Violent pressure in stomach. *P.5a.*

"Great pressure in stomach, in cardiac region." *P.5b.*

"Occasionally burning about cardiac orifice of stomach." *P.3.*

Feeling of heat in the stomach. *P.11b.*

After drinking, pains in the stomach. *P.20.*

285. Sharp pains over stomach. P.13*b.*

"After lemonade sharp pain in stomach and bowels for short time, followed by toothache on left upper molar." *P.17*

Sharp pricking pain in abdomen. *P.13b.*

"Not a few felt some amount of belly-ache; one complained of pressure at the stomach, as if a stone were there, another of a bruised pain in the stomach." *T.11g.*

Flatulency with distension of abdomen, and pinching in umbilical region. *P.5a.*

290. Intestines distended with gas and painful. *P.6b+.*

Cramp-like pain in abdomen, extending to spine; occasional sharp pains in hypochondriac region. *P.20.*

Griping transversely through abdomen just under navel, after which discharge of flatus with rumbling. *P.11a.*

"Distension and griping in abdomen with troublesome nausea; emission of much flatulence brought relief." *P.11c.*

Abdomen swollen. *T.4c.*

295. Tumefaction of the abdomen, which was very tender to touch, with constipation. *T.5.*

Flatulence and urging to stool, but with slight result. *P.11c.*

Desire to emit flatus, which, however, would not pass. *P.11c.*

Called to stool, much straining, only flatus. *P.17.*

"Waked with pallor, headache, and debility; no appetite for breakfast; bowels sore and distended; early and copious stool." *P.17.*

300. Flatulent distension and flying pains in the abdomen, becoming slighter after diarrhœic stools. *P.4a+.*

After stool transient tensive feeling below navel. *P.19.*

Feeling of fulness in the abdomen, especially just before a stool. *P.19.*

Normal stool preceded by flatus. *P.19.*

Alvine evacuations more scanty. *P.8.*

305. Scant stool. *P.17.*

Stool markedly harder and scantier than is natural. *P.11a.*

Stool since taking the drug obviously retarded. *P.11c.*

One day no stool; two stools on each of the following two days. *P.18.*

Urine scant and dark, followed by slight stool and colic. *P.20.*

310. Stool watery but scant, attended with tenesmus. *P.20.*

Small, loose stool, with sharp, stitching pain above umbilicus. *P.13b.*

"In evening always severe pinchings in abdomen, followed by soft motion." *P.5a.*

A "notable laxity of the bowels, often continuing throughout the treatment, and even a slight and transient diarrhœa, which in one case alternated for some time with heat of the head. Two patients only had for some days a noteworthy constipation, the rest enjoying daily motions." *T.11d.*

Stool rather loose or soft, and of a greenish color. "This green color of fæces observed during whole proving and for some days after." * * * Stool of green fæces enveloped in reddish mucus. *P.19.*

315. "A scanty, normal, but rather greenish stool." *P.19.*

NASAL CAVITIES.

Dryness of nasal mucous membrane. P.3.5*b* &*c*.6*a*+.8.

Redness of nasal mucous membrane. *P.4a+.*

Running from nose; later this mucous "dried to crusts in nostrils." *P.19.*

Right nostril somewhat stopped; sneezing followed by slight coryza. *P.19.*

320. Frequent dry sneezing with tickling, especially in nostril, and frequent burning at back of palate. *P.5c.*

Sneezing. *P.17.*

Mucus mixed with blood was blown from nose. *P.5b.*

Lumps of tough mucus hawked up and blown from nose, with great diminution of dryness. *P.5c.*

Slight epistaxis. *P.4e.*

LARYNX.

325. "Dryness of throat seated apparently in the larynx." *P.12.*

Dryness of larynx. *P.5a.*

Hoarseness. *P.5a&c.6b+.12. T.11h.*

"Pain in the lower part of larynx with hic-cough, especially after eating." *P.5b.*

Scraping in larynx excites cough. *P.12.*

330. "The pain (rawness, scrapiness) extends to right side of larynx, is aggravated by swallowing and coughing." *P.12.*

COUGH.

"Trachea and bronchial tubes covered with mucus, removed by coughing." *P.19.*

Croupy cough. *T.4d+.*

Frequent dry cough. *P.12.*

On coughing, a pain in the larynx, extending into left ear. *P.12.*

335. After "transient anginose pain, frequent cough with expectoration of scanty white thick phlegm, and thereafter an irritable roughness and dryness in windpipe (*catarrhus laryngeus*)." *P.11a.*

CHARACTER OF RESPIRATION.

Respirations anxious, and attended with the brazen, stridulous sound of croup. *T.1b.*

Sterterous breathing; upon hasty examination of anterior parts of chest, râles were heard. *T.2b.*

Breathing heavy and sterterous. *T.3a.*

Irregular respiration. *T.5.*

340. Respiration "violent, short, hurried and anxious." *T.6.*

Respiration gasping. *T.18.*

Respiration laborious and occasionally sterterous. *T.8a.*

"No anxiety was at first caused by belladonna, but later, four patients experienced it in the præcordia to such an extent that they tore their bodies, seeking in this way to put an end to themselves. The respiration in the other cases was quite free." *T.11n.*

SENSATIONS IN CHEST OR CHEST-WALL.

Drawing or shooting or transient stitch in left chest. *P.11c.*

345. Stitches in chest and just below right axilla. *P.13b.*

Pain at sternal extremity of fifth rib. *P.13b.*

Transient stitches in region of the heart *P.6b+.*

In cardiac region peculiar sense of anxiety, as when pulse intermits. *P.8.*

CIRCULATORY SYSTEM.

Pulse rapid. *P.5c.*

350. Pulse increased in frequency by from 10 to 80 beats a minute, this without increase in frequency of respiratory movements. *P.16+.*

In one person frequency of pulse increased by 80 a minute, without the least outward evidence of excitement. *P.16.*

Frequency of pulse beats increased by from 15 to 31 a minute. *P.17.*

Frequency of pulse increased by 25 beats a minute. *P.20.*

Pulse somewhat quickened, or very quick *T.4a&b+.*

355. Pulse 80-90, regular. *T.*10.

Pulse 120. *T.*3*b*.19.

Patient poisoned by belladonna was under treatment: pulse went up to 160. *T.*19.

Pulse full, from 120 to 130. P.14*a*.

Pulse hard and full. *P.*20.

360. Pulse increased in force and frequency. *T.*1*a*.

"Pulse was very quick and feeble, scarcely to be felt." *T.*6.

Pulse 112, feeble. *T.*3*b*.

Pulse small and frequent. *T.*4*c*.

Action of heart feeble: pulsations of radial artery 116 a minute, regular and weak. *T.*2*b*.

365. Very feeble pulse. *T.*5.

"Pulse small and weak, 70." *T.*20.

Pulse scarcely perceptible. *T.*3*a*.18.

Soft pulse becomes "fuller and more round" before becoming more frequent. *P.*17.

At one time quickened, at another retarded pulse. *P.*4*b*+.

370. Pulse weaker and slower than usual. *P.*3.

Full pulse. *T.*7.

Pulsation of carotids; fulness and throbbing in head. *P.*20.

Throbbing of heart, carotid and temporal arteries, with heat and redness of the face, febrile movements and congestion to head. *P.*4*b*+.

Perceptible pulsation through the whole body. *P.*11*a*.

375. Pulsating in the arms. Later, violent palpitation of heart, and pulsating all over body, caused by exercise. *P.*17.

Palpitation while in exercise, with labored breathing. *P.*20.

Pulse irregular and uneven. *P.*20.

"Severe engorgement of the venous trunks." *T.*1*b*.

SEXUAL.

Strong erections. *P.*4*e*.

380. Sexual excitement with desire (no exciting cause present). *P.*17.

Sexual desire. *P.*20.

Remarkable weakness and relaxation of genitals. *P.*5*b*&*c*.

"Heavy, dull, bearing-down pain in abdomen and pelvis; symptom was repeated several times, and was very similar to what patient suffered at every period." *P.*13*a*.

"The catamenia seemed little affected by the use of this drug. Some of the women who took it enjoyed regular periods throughout the treatment. In some, indeed, there was delay, but fuller flow afterwards; with three the period anticipated, and in two of these cases was freer also, while in two there was also epistaxis at the same time." *T.*11*o*.

URINE.

385. Urine at times darker, increased, then afterwards diminished. *P.*4*d*+.

Urine scant and dark, followed by slight stool and colic. *P.*20.

"Copious urine every two hours on the average all day:" this was second day of proving; on first day he once records, "called to urinate, scant and tardy." *P.*17.

Copious urination. *P.*11*c*.

Frequent and copious emission of thin, pale, watery urine. *T.*6.

390. Very great diuresis, "accompanied with a slight strangury at the neck of the bladder." *P.*14*c*.

More frequent and profuse flow of urine. *T.*11*c*+.

After "remedial measures" had been used in the case of a child poisoned with belladonna, during convalescence "'the diuretic effect of the drug began to be experienced, the patient evacuating an enormous quantity of limpid urine.'" *T.*1*c*.

Urine diminished in amount, or retained: later (spirit of "nitric" ether, turpentine and other things had been given) urine excreted copiously. *T.*3*d*.

Urine more scanty. *P.*8.

395. Frequent call to pass water, which came only after great effort, and *guttation*. *P.*5*b*.

Micturition accompanied with great straining and difficulty. *P.*6*c*+.

Very frequent urging to micturate, though he could pass only a few drops at a time. *P.*11*c*.

Extreme desire to micturate, but could only pass with much effort a few drops of colorless fluid; this he continued to do as often as possible until he lost consciousness. *T.*10.

"There was great irritation of (apparently) the neck of the bladder; the patient, in the midst of a loquacious delirium, which turned principally on the pain which he experienced in this part, was continually making efforts to evacuate his urine, which was very red and bloody, and came away *guttatim*." *T.*9.

SKIN.

400. Skin hot and dry. *T.*1*a*.

Dryness of palms of hands. *P.*8.

"His hands swelled up and became so dry that he could no longer lay hold of things without letting them fall." *P.*9.

"Increased temperature of the skin." *T.*4*b*+.

Convulsive twitchings, delirium, flushed face, etc.: "surface was warm." *T.*10.

405. Head hot. *P.*4*c*.&*d*.+.

Found in coma with hands and feet cold. Stomach tube used: coffee and ammonia administered, and "there was some reaction." Skin became warm. After further treatment, "skin natural." After still further treatment, skin moist. *T.*3*a*,*b*,*c*&*d*.

Feet icy cold, and scarcely to be warmed. *P.*5*c*.

"Perspiration on upper parts." *P.*20.

Sweating. *P.*4*d*+. *T.*18.

410. Agitation and sweating. *T.*6.

"Repeated and materially increased doses, however, caused in many a more frequent and profuse flow of urine, and also an outburst more or less free of perspiration, which last was sometimes of long continuance. In one case it was limited to the chest, in another to the forehead." *T.*11*c.*

"Next day increase of convulsive movements with redness of the face and profuse perspiration." *T.*5.

"On close inspection he found, on a small spot on thigh, a slight erysipelatous redness, which, however, soon passed away." *P.*11*a.*

The whole body was swollen and red. *T.*7.

415. Excessive redness of eyes and face, which gradually extended over whole surface of body, so that it presented a uniformly red color, exactly resembling that observed in scarlatina. *T.*9.

The face, upper extremities, and trunk of body exhibited a diffuse scarlet efflorescence, studded with innumerable papillae, very closely resembling the rash of scarlatina; the eruption terminated abruptly at the wrists and flexures of the thighs, the rest of the body retaining its natural color. *T.*1*a.*

"I leave to others to judge if the eruption of small, smooth, dull red spots, irregular and angular in shape, and not raised above the cuticle, in case 19, appearing after a sudden rigor; or the pustule of case 15, appearing near the nail of the index finger and emitting much acrid serum, can fairly be traced to the drug." *T.*11*q.*

"On skin of face a slight pimply exanthema broke out, which suppurated slowly and dried up in a few days." *P.*5*a.*

Itching; scratching causes erythema. *P.*20.

420. Much itching in various parts, rubbing causes erythema that remains. *P.*17.

Itching and moisture of perineum. *P.*4*e.*

On breast, to which belladonna plaster had been applied, and above and below it from clavicle to eighth rib, was redness with vesicular eruption rough to touch (?): these spread from breast to neck, right arm and face. Sensation of great irritation of skin preceded appearance of rash. Right eyelids also were œdematous. "Under opium 1, speedy improvement occurred, skin desquamating." *T.*20.

PAINS.

Sharp pains in cheek. *P.*20

"Sharp pains in right malar bone, extending to eye and temple." *P.*17.

425. Severe pain on pressure behind angle of right lower jaw. *P.*12.

Sharp pain between last cervical and first dorsal vertebrae. P.13*b.*

Darting pain near vertebral extremity of eighth rib. *P.*13*b.*

Sharp, cramping pain just below extremity of sternum, gradually extending to pit of stomach, up the sternum, and over cardiac region. *P.*13*b.*

Sharp pain in splenic region. *P.*13*b.*

430. A sharp, slight pain in loin, just above ischium. *P.*13*b.*

Cutting pain in right loin, and in lower extremity of sternum. *P.*13*b.*

Stitches in region of shoulder, and in left side in region of false ribs. *P.*6*a.*

Tearing pain in region of shoulders. *P.*6*b*+.

Painful twitching in arms, soon followed by restlessness and stiff neck. *P.*20.

435. Neuralgic pains in arms and neck. *P.*17.

Sharp, tearing pain under and in right armpit. *P.*13*b.*

Drawing, cutting pain behind right shoulder-blade. *P.*13*b.*

Sharp pain shooting from wrist along course of ulnar nerve down to elbow-joint; dull aching in muscles of forearm. *P.*13*b.*

"These peculiar cutting pains commencing in wrist and extending (shooting) up to elbow, and sometimes above that point, continued several weeks, and always from extremity to center. The prover had never experienced these pains before the experiment." *P.*13*b.*

440. Drawing pain in arm, near insertion of deltoid muscle, relieved by pressure. *P.*13*b.*

Pain in the back. *P.*6*a.*

"Slight aching pains in the limbs." *T.*2*a.*

Neuralgic pain darting in back and thighs. *P.*17.

"Feeling as if cramp in calves would come on, several times recurring; sometimes shooting tearing through left knee, and creeping in left foot-sole, with still stronger tearing sensation in the left thenar eminence on upper third of metacarpal bone of little finger." *P.*11*a.*

445. Tearing pain in feet. *P.*6*b*+.

Sharp pain at base of first metatarsal bone of right foot. *P.*13*b.*

Drawing pain in hollow of right foot. *P.*13*b.*

"Burning throbbing on inner side of left forearm near olecranon, and on posterior ridge of radius, increased by touch and slight pressure. These sensations often returned during day on the same and on other parts, such as just above the left heel, over left instep, and on a small spot on outside of right thigh; and in evening at 5 there was added a similar burning drawing pain at base of scapula, near angle. These spots seemed to be hotter and to be worse on pressure. (The belladonna seemed especially to affect the flexor surfaces and the fibrous membranes, and to touch left more than right side of body)." Prover had taken none of the drug for two days, "all the symptoms disappeared, but at 1 P. M., walking fast, the above-described pain in left thigh, left tibia, left vola manus, right upper arm, back of little finger, always in parts where there are no muscles." Prover again was taking the medicine, and two days later recorded "Drawing on left tibia near knee." *P.*11*a.*

"Certain rheumatic pains seemed ascribable to the belladonna, in 2 of the side, in 2 of the chest, in 3 of the arms and scapulae, in 6 of the loins and hips." *T.*11*p.*

TEMPERATURE (SUBJECTIVE OR OBJECTIVE), CHILLS, ETC.

450. "Varying sense of temperature." *P.*4*c*+.

Feels heated. *P.*17.

Head hot, feet cold. *P.*17.

"Immediately after a meal violent chill, with chattering of teeth; limbs trembled while lying as in the cold stage of an intermittent." *P.*11*c.*

Fever with agitation. *T.*5.

455. Hands and feet cold. *T.*3*a.*

Temperature fell and then rose. *T.*8*a.*

"Some even spoke of a sense of chill and shuddering. One complained of coldness in the nose only; another in the knees, while his forehead was hot; and another felt cold to the touch all over." *T.*11*k.*

"A few spoke of flying heats, but two only of fever; and this was followed, with one by facial erysipelas, and with the other by gumboil. As several other persons in the hospital and neighborhood had similar affections at this time, though not taking belladonna, we cannot ascribe them to the drug." *T.*11*l.*

Temperarure 105.6°: "Vomiting and diaphoresis were induced, with temporary improvement; but an hour later the thermometer indicated the very high temperature of 107.4°, and pulse went up to 160. An hour later she died, with temperature in axilla of 105.6°." In foot-note on this case is the following quotation: "'In 9 cases of poisoning by belladonna, recently observed in Germany by STRATTER and STRASSMAN, the temperature was distinctly raised in every instance' (*Brit. Med. Journ.*, Oct. 9, 1886)." *T.*19.

DROWSINESS, SLEEP ETC.

460. Sleepiness or drowsiness. *P.*5*b.*7.11*a* &*c.* *T.*4+.19.

Sleepiness and frequent yawning. *P.*6*b*+.

"Beyond quiet and refreshing sleep, which some even in the first days, but still more in the further course of the treatment, enjoyed, no change in this respect was noticed, and although a few from its continued use had their sleep once and again somewhat prolonged, yet I saw no one, however largely the belladonna had been taken, somnolent or torpid." *T.*11*a.*

Very sleepy and languid. *P.*17.

"Overcome with sleep; waked often during night by involuntary twitchings here and there. Second day, waked with pallor, headache, and debility; no appetite for breakfast; bowels sore and distended; early and copious stool." *P.*17.

465. "Overcome with sleep; slept profoundly till late in morning, awoke with dull headache and langor, no appetite for breakfast." *P.*20.

Very sleepy, but unable to sleep because of itching. *P.*20.

Restless sleep, or sleeplessness. *P.*4*c*+.5*a.*6*b*+. *T.*6.10.

"Perpetually trying to sleep without success." *T.*6.

Patient had been poisoned by belladonna in a mixture. While under treatment therefor, "passed a restless night, sleep being much disturbed by frightful dreams" * * * "passed a restless night, her sleep, she says, being disturbed by 'miserable phantoms'" *T.*3*c*&*d.*

470. Vivid dreams. *P.*4*c*+.

UNCLASSIFIED.

Weariness or lassitude. *P.*4*c*+.11*a.* *T.*4*a.*

"Lassitude, in one case almost paralysis." *P.*4*c*+.

On rising in morning weak and weary, "she could not make her bed." *P.*12.

"Much fatigued by a longish walk, perhaps owing to having eaten little." *P.*19.

475. General feeling of illness; no desire for anything; lassitude, in one case almost paralysis." *P.*4*c*+.

Patient when a child 3 years old poisoned with belladonna. Received active treatment including two $\frac{1}{8}$ gr. doses of morphine and inhalations of chloroform. "Three days afterwards child had completely recovered save for some slight aphonia." *T.*18.

Abdomen rather contracted. *T.*2*b.*

Congested heavy feeling in abdomen and pelvis. *P.*17.

Congested feeling in pelvic region, with excited sexual desire. *P.*20.

480. Slight tremor of the hands. *P.*15.

Is much annoyed by a constant sensation of trembling in all the muscles of the body. *T.*3*c.*

"Unwonted firmness in legs, especially in calves, and a sort of formication." *P.*11*a.*

Complains of cramp of legs." *P.*12.

"Jaws firmly fixed." *T.*3*a.*

485. "There was a constant disposition to raise the hands to the face." *T.*3*a.*

SUMMARY.

[Numbers refer to alleged pathogenetic effects as numbered above.]

HEAD. MIND AND GENERAL NERVOUS SYSTEM.

Vertigo or dizziness, which may be so great as to cause staggering, and which may be increased by motion. (1 to 10).

Headache which is often referred to frontal or supraorbital region, but which may be referred to other regions. The words *full* and *pressive* are used in describing what seems to be a common kind of pain in the headaches. (11 to 34). The whole record of prover 13*b* in the Cyclopædia is such that I should be cautious about attaching any significance to *darting* and *cutting* used by her in describing headaches. The headaches from this drug may be aggravated by motion (32 to 34.

See, too, 7, 8, 375, 376). The feeling of congestion in the head with pulsating and throbbing of vessels, may be very marked (29 to 32), and sometimes, with flushing of the face (86 to 99), may be accompanied with a rapid, full, strong pulse (see circulatory system)—a pulse which may be so strong as to jar the whole body (374, 375). There may be subjective or objective heat of the head (35 to 37, also 459).

Neither confusion or dulness of intellect (40 to 45), nor unusual clearness in mental processes (46, 47) seems common from this drug, but a condition of unusual excitability may occur. This condition of excitability seems an early stage of what results in delirium. The delirium is apt to be very active, and for statement of various ways in which it has shown itself I refer to 61-69 (inclusive) and 71. What is sometimes called the busy delirium of belladonna, with a desire to move about and be doing something, one may recognize in 50, 60, 61, 64 (?), 70 (?) 71, and 485 (?). Stupor or coma may occur (54 to 60). Convulsive twitchings, or more or less general convulsions (57, 59, 71, 73 to 79). Paresis or paralysis (54, 70, 71, 72, 80, 81, 82 (?), 475 (?)). Numbness more or less marked (84, 85).

FACE.

Of twenty-three epileptics who were taking belladonna it is said that nearly all, in the early stage of the operation of the drug, had pale faces (92), but a very marked thing among the drug's effects is redness or flushing of the face (86 to 99). With this redness of the face there may be or not be throbbing of the vessels (89) and a condition of circulatory system such as we noted while speaking of the pulsating, throbbing headache. With or without this flushing of the face there may be or not be heat, subjective or objective (93 to 98. See, too, 459). There may be actual swelling of the face (99 to 102, also 114, 115). An erythematous eruption on the face seems producible by the drug, and possibly a vesicular or pustular eruption (102 to 104, 415, 416, 418, 422 (?)).

EYELIDS.

There may be a feeling of weariness or heaviness of the eyelids, and, perhaps, ptosis (110, 111, 116 to 118). Swelling of eyelids (114, 115 (?), 117). Quivering of upper lid (112, 113 (?)).

EYEBALL, WITH PARTS AND APPENDAGES. VISION.

Conjunctivae injected (123 to 125, 168). Dilatation of the pupil (126 to 129). Diplopia, dimness of vision and flashes of light occur repeatedly among the many disturbances of vision (130 to 156): many of these disturbances of vision seem probably due to paralysis of accommodation and to dilatation of the pupil (see 132). Hypersensitiveness of the conjunctivae (158 to 169). In one case suppuration in anterior chamber of eye (180).

EARS. HEARING.

See 181 to 183.

ALIMENTARY TRACT.

Toothache (?) (186, 187). The salivation recorded as produced in three of twenty-three epileptics (189, see, too, 225), seems very exceptional. I think it may be questioned whether any significant salivation occurred. Dryness of mouth, tongue, fauces and pharynx are common, and sometimes very extreme (190 to 207, 215 to 218, 222, 223). "As dry as a chip" (203), and dry as "burnt shoe-leather" (191) are comparisons used. In some this dryness seems not to have been lessened, and in some it seems even to have been increased, by drinking water (198, 202, 223). This dryness of mouth and throat may be so extreme that patient can hardly articulate or swallow, and that attempt to swallow will excite spasms in throat, and sometimes even general spasms and convulsions (198, 207, 211 (?), 232, 233, 241 to 247*). Thirst is common and sometimes extreme (248 to 256). There may be redness (possibly swelling) of tonsils, with pain or soreness in the throat (211 to 214, 217, 221, 228, 231). With this soreness of throat there may be hawking of thick mucus (204, 205, 219, 220, 225 (?), 247 (?)). Coated tongue (194 to 199). There may be a disagreeable taste in the mouth (257 to 265, 269). The appetite may be lessened (266 to 268). Eructations, nausea and vomiting occur (269 to 277). Sometimes a sense of pressure or of pain is referred to the stomach (279 to 288), or a sense of fulness or pressure, or pain, or pinching, or griping is referred to the belly (286 to 295, 299 to 302, 309, 311, 312). Flatulency, sometimes with distention of abdomen (289 to 303). Constipation or diarrhœa (296 to 315).

NASAL CAVITIES.

See 316 to 324, 384.

LARYNX.

See 325 to 330.

COUGH.

See 331 to 335.

CHARACTER OF RESPIRATION.

See 336 to 343.

SENSATIONS IN CHEST OR CHEST-WALL.

See 344 to 348.

CIRCULATORY SYSTEM.

Excepting where serious poisoning occurs, the pulse is usually increased in frequency and in force. This increase in frequency may be by as much as 20 or 30 or more beats a minute: the increase in force may be such as to produce visible pulsation in various parts of the body, or throughout the body. In serious poisoning the pulse may become feeble (349 to 378). It is

*In some of these cases paresis or paralysis of muscles of deglutition may be partial or sole cause of difficulty in swallowing.

probable that in a few provers belladonna has rendered the heart-beats slower (369, 370). We noticed records to effect that vertigo and headache from this drug may be aggravated by motion: on the influence of exercise upon belladonna heart, see 375, 376. Prover 17 seems to be the same as prover 20, and 375, 376 are taken from these two provings.

SEXUAL.

See 379 to 384.

URINE.

Urine is sometimes dark in color and lessened in amount: at other times it is increased in amount (385 to 394). Sometimes it is passed only with straining and difficulty, in which cases there may be, perhaps, irritability of the neck of the bladder (390, 395 to 399).

SKIN.

There is often dryness and heat and sometimes redness of the skin (400 to 405, 414 to 417). Extremities, or whole surface, may be cold (406, 407, 457). The skin may be swollen (402, 414, 96, 99 to 102. 114, 115). There may be itching (419 to 421, 422, (?)). Rubbing or scratching may cause erythema (419, 420: probably these two references are to same prover experimenting at different times). Erythema (416,417, 419, 420, 422 (?)). Vesicular eruption (?) (418, 422). Pustules or boils (?) (417, 418, 458, 104). Erysipelatoid (?) redness (413, 458. See, too, poisoning 20 in Cyclopædia). Sweating (408 to 412).

PAINS.

See 423 to 449, also 77. Prover 17 and prover 20 seem to be the same man. I should be cautious about accepting report of prover 13*b*.

TEMPERATURE (SUBJECTIVE OR OBJECTIVE), CHILLS, ETC.

Feverishness sometimes occurs with, sometimes, coldness of the extremities (450 to 459). High temperature may be of great importance in the drug's pathogenesy (459). Shudderings or chills are recorded (453, 454(?), 457, 417 (?)).

DROWSINESS, SLEEP, ETC.

Sleepiness and drowsiness are repeatedly recorded (460 to 463). Sleep may be disturbed, restless and unrefreshing (464 to 470, 473 (?)).

UNCLASSIFIED.

See 471 to 485.

After extensive investigation a German physician, reports that more than 40 per cent. of all prisoners between the ages of 20 and 40 die of consumption and other tubercular diseases. His theory is that the cells are often infected with the tubercle bacilli of former prisoners, and are never efficiently fumigated before a new inmate is incarcerated.

NOTE ON THE EXAMINATION OF URINE IN DISEASES OF WOMEN.

By CLIFFORD MITCHELL, M.D.
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IT IS now known that many cases of scant, delayed, or suppressed menstruation are far more frequently the result of nerve exhaustion than of uterine disease, and that many conditions heretofore ascribed to the baleful influence of the uterus are really to be referred to a neurosis. Now, in the differential diagnosis, examination of the urine is not to be forgotten. *I have yet to see a neurosis in which phosphoric acid in the urine is not diminished.*

FACIAL NEURALGIA CURED BY MAGNESIA PHOSPHORICA.

By M. L. ENGLISH, M.D.
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MRS. E. Neuralgia of the face, mostly the right side; began soon after becoming pregnant; pain of a very severe character; the attacks would come on toward evening nearly every day and last for several hours unabated. The following remedies were used with little or no benefit: Aconite, Belladonna; Colocynth, Spigelia, and finally Magnesia phos., which was used with the most gratifying results, as the neuralgia ceased very soon and there has been no return after a lapse of six weeks.

Transplantation of the cornea is a well established operation. There was a dark-brown central discoloration of the cornea, three millimeters in diameter, and reaching down to the membrane of Descemet, which had been caused by the action of nitrate of silver. Cocaine having been applied, the non-transparent part of the cornea down to the membrane of Descemet was cut into by a little trephine, the crown of which was four millimeters in diameter, and carefully removed. The author then excised by the same means a similar piece from the whole thickness of the cornea in a young rabbit, and transplanted this to the eye of his patient. It filled the wound exactly, and was on a level with the rest of the cornea. Iodoform was applied, and both eyes were bandaged. Healing proceeded without any trouble, and in six weeks the patient was discharged with a completely transparent cornea.—*Lancet.*

INFLUENZA AND ITS COMPLICATIONS.

By J. H. COWELL, M.D.
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[Read before the Saginaw Valley Homœopathic Medical Association.]

THE widespread epidemic from which all parts of the civilized world has suffered so much this season, assumes a severity that entitles it to be considered a veritable pestilence. No known epidemic of former times has shown so large a number of victims, and none has been attended with so great an actual mortality. I have chosen to consider this subject in my paper to-day for the above reasons, and because, also, we have all had a large recent experience, and are therefore, thoroughly prepared to give it the full discussion that its importance deserves. The name *Influenza* is due, as we all know, to the belief that this disease owes its origin to celestial or extra-mundane influences, and last summer a prominent European medical journal suggested the possibility that as the influenza visits the earth suddenly and simultaneously in various far distant regions, it may be due to the intrusion into our atmosphere of poisonous gases sufficiently dense to overcome atmospheric resistance. These gases would naturally travel over the earth in a westward direction, thus following the course of the disease.

The best known of these reported epidemics during the present century have been in 1800, 1831, 1837, 1843 and 1847. That they were severe we know, as it was recorded that the disease in 1847 was attended with a greater mortality than that of the cholera.

What is the Influenza? It was formerly considered an epidemic catarrh, but I believe that the profession are now agreed that it is something more. It will be well, I think, to consider it a specific, infectious nervous fever, bearing no original relation to any other disease, but in its course admitting and allowing many other diseases, acute or chronic, to appear as complications. It is characterized at the outset by a violent aching of the whole body, symptomatic of severe internal congestions. This aching is accompanied by intermittent chills and fever, showing no particular regularity in their recurrence, but occurring at short intervals. The pains are usually most severe in the frontal region, and the eyes are almost invariably the seat of severe congestion. After a varying interval of twelve to forty-eight hours these symtoms abate, and in uncomplicated cases the patient gradually recovers but upon resuming his ordinary occupation he is surprised to note the extreme lassitude which follows. He becomes easily tired, and this condition of weakness lasts a long time. Only gradually does he regain his former strength and power of endurance.

But these uncomplicated cases are not the only ones we meet in practice. Unfortunately they are in the minority. The severe congestion often makes its impression upon the vital organs.

THE LUNGS.—The symptoms are: Soreness in upper thoracic region, followed soon by cough, with or without expectoration. This cough gradually loosens and in a few days the worst symptoms abate. The patient suffers, however, for some nights and days with an aggravating tickling cough, which at last slowly disappears. If, however, he exposes himself prematurely, the soreness returns and he finds himself going over the same ground, but this time his sufferings are greater, and he recovers more slowly.

I have found it expedient to keep my patients not only from exposure to fresh colds, but in bed, as exercise of any sort aggravates the disease.

But this bronchial congestion may not be followed by recovery. In some instances the cough and fever continue and gradually grow worse. Then, as a sequel, we find ourselves face to face with a chronic bronchitis, and finally with a bronchial phthisis, and this, I believe to be the most common cause of death among all those who die of the consumption following la grippe.

There is, however, another pulmonary complication of this disease, viz., pneumonitis. This, although comparatively rare, is much too frequent in actual practice.

Here are all the symptoms of local pulmonary inflammation. This may be followed by the usual resolution, or, in fatal cases, by consumption of tissue. It is a noticeable feature of this latter condition, however, that there is usually so little purulent expectoration. Death follows from exhaustion, as in ordinary cases of phthisis, but without the excessive formation of pus. I do not, of course, refer to the mucous secretion of the bronchi, which is often abundant.

There is also as a complication œdema of the trachea and larynx. In this connection I wish to state that in two cases I have had complaints of a sharp pain and tenderness im-

mediately below the larynx, lasting in one case twelve, and in another thirty-six hours. Dr. Cohen, of Philadelphia, has described a condition of lymphoid œdema which, in some cases in the glottis, has caused death from spasms. The autopsy revealed purpuric spots in the trachea.

Pharyngitis and tonsillitis are of very common occurrence; also post-nasal catarrh with excessive mucous secretions.

As yet, I have seen no signs of diphtheritic membranes, but deep ulcerations are far from infrequent. In an interesting joint paper read by Drs. Curtin and Watson before the American Climatological Society last fall, the various types of Influenza for the past few years were considered, and the prophecy made that in its next appearance it would closely simulate in its symptomatology, the local appearances of the diphtheretic processes, and also the type of an epidemic cerebro-spinal or spotted-feere. Here, incidentally, may we not assume that the death of Washington in 1799 was due to influenza, and not to diphtheria as suggested by Mackenzie.

Dr. Curtin, in a report on 5,000 cases, recognizes circulatory, nervous, alimentary, catarrhal and rheumatic types of the disease. He states, that cases of la grippe ending fatally, did so through involvement of the respiratory organs, and secondarily from heart failure.

THE HEART.—The second complication to which I will refer is that of the heart. The severe pains so noticeable in previous seasons have not been so frequent in this, according to my observations, and I believe most of the cases of death in la grippe reported as from heart disease, are due to other primary causes, heart failure being only the immediate cause of death. Still great care must be observed not to overstrain the heart in convalescence.

THE BRAIN.—Third complication, cerebral congestion. This has been of very frequent occurrence, and a common cause of death. One case which came under my observation presented many features of interest. La grippe has attacked the inmates of asylums for the insane with great violence, and acute mania has often been a symptom even in general practice. Dr. Savage states positively that insanity is often caused by influenza.

Facial erysipelas is a complication that has twice, this winter, occurred in my practice, and in one case the disease recurred with all its severity a second time. My patient lost all his hair, but at this writing a new crop has started.

In connection with the erysipelas, and also in other instances, I have met with small absesses in the external auditory meatus, sometimes discharging blood quite freely. In the latter cases the middle ear was apparently implicated.

Of the ocular complications, I shall not write at present. They are serious, and deserve the closest attention of specialists.

THE KIDNEYS.—Renal complications are possibly common. I have had many cases where I suspected them, but none in which a fuller examination bore out my suspicion. Still, the frequent pains in the region of the kidneys would leave one to believe that these organs must suffer to some extent.

I have met with marked cases of aggravation in cystitis, but none in which this disease appeared as a simple complication.

THE LIVER.—Hepatitis and jaundice have sometimes occurred, simple in character and easily yielding to a few doses of Bryonia.

THE INTESTINES.—Enteritis and dysentery are complications that have appeared in all three seasons of this epidemic, but more often in the present year.

THE STOMACH.—The chief digestive disturbances known were a sort of atonic dyspepsia, and a mild, painless diarrhœa, yielding readily to the proper remedies. I am inclined to think that the gastric disturbances have a larger influence on the outcome of the disease than is usually suspected, and that a light diet in the earlier stages, and a simple but nutritious one later, are of the utmost importance.

Rheumatism is of common occurrence, and sometimes presents unusual features. I am not able to find much literature on this subject, but cases in practice have been numerous. In my experience they have been mild and of short duration, sometimes simulating rheumatic fever; the pains passing from joint to joint. The metacarpo-phalangeal joints are frequently the seat of this disease, but it passes away quickly.

THE SKIN.—The last complication to which I shall refer is diseases of the skin. I have thought lately that eczema may be classed with the more important complications or sequelæ. It is intractable in itself, and far more so in connection with la grippe.

Some weeks ago I first met with a peculiar eruption of a decided coppery tinge. The spots, which were slightly raised, and of irreg-

ular shape, varied from the size of a No. 6 shot to that of a ten-cent silver piece. From the history of this patient I suspected a syphilitic taint, but I have lately seen so many similar cases that I now believe them to be characteristic of the influenza, and I have lately thought that some of our recent cases of scarlet fever may have been erroneously reported, and that they, too, were only a new type of the prevailing epidemic.

Now, who are most subject to this disease? I have somewhere seen in print the statement that children are exempt. This is a fallacy. Children are subject to it to almost as great a degree as their elders. All are equally subject to it, except, perhaps, nursing infants. But adults are by far the greater sufferers, and among them the death rate is sometimes appaling. No age, sex or race seems to be exempt.

Treatment.—In uncomplicated cases I find Gelsemium almost sufficient in itself. I give one minim tablet triturates of the tincture every hour, or half hour, if necessary, until enough has been taken. In treating complications I use Arnica, Bryonia and Pulsatilla for the bronchial troubles. Phosphorus or Veratrum viride if there are signs of inflammation; Rumex and Sticta for the cough; Arsenicum and China in convalesence.

Many patients recover very slowly. The lassitude and weakness calls for something in the nature of a tonic, and for this purpose I am satisfied that I have found a preparation that answers the purpose. I refer to the Vin Mariani. This I use in tablespoonful doses three times a day. I find the larger doses prescribed by the makers not so satisfactory, the quantity of coca being too great. This is the chief objection to some of the other wines of coca. The proportion of coca is too great for that of the wine. Where the cost is objected to I recommend a good native port wine used according to circumstances, but ordinarily a wine glassful is about right. If possible I combine this with a small quantity of the expressed juice of rare broiled beef steak, given about midway between meals.

If after the sixth or eighth week the cervix of a woman believed to be pregnant is as hard as the end of your nose, she is not likely to be pregnant; if, however, the cervix is as soft as your lips, she is probably pregnant.—*Dr. Goodell.*

PRURITUS.

By G. W. SPENCER, M.D.,
CLEVELAND, O.

Before entering upon the study of the sensation of itching, in its intensified form called pruritus, in pathological conditions, it is well to observe the somewhat remarkable fact that this sensation has received but little attention from the physiologist, while other phenomena, such as anæsthesia, hyperæsthesia, sense of touch and pain, have been studied from a physiological standpoint.

Itching is a sensation experienced by all animal creation of the warm blooded variety, independent of diseased or uncleanly conditions of the skin, especially on the hairy portions of the human body.

To describe the sensation is, indeed, difficult, as it does not convey to us any idea of a definite character or a complete consciousness of the presence of a foreign body having size, form, hardness, softness, roughness, or smoothness, and the like. Therefore, pruritus must not be confounded with the sense of touch. Nor does it have the elements of pain, wherein there is a consciousness of an injury, also an idea of the offending object or person inflicting the blow or applying the irritating substance, followed by bodily suffering, and without the means at hand for immediate alleviation of the *sensation*, while in simple pruritus the remedy is constantly available, unless propriety forbids its use, then it may become, indeed, painful.

Perceptive sense of the skin is more analogous, in that we are conscious of a draft of air or a passing body, this quality so highly developed in the blind, and so connected with the sense of touch that they can discover the figure on paper or cloth, or make them aware of approaching danger, fulfilling a great law of nature, that of substitution of senses.

Another sense of the skin must be classed with these sensations not usually discussed in our physiological literature, namely, a voluptuous *sensation* which is one of the elements of pruritus, in that it gives, when subjected to friction, a gratification of an appetite or a sensation of pleasure; the very agent or vehicle for gratifying the sexual appetite exists in the cutaneous nerves of contact. An example of this sense of gratification and pleasure the most common, perhaps, is found in the lower animals. A ferocious dog readily submits to your bidding when scratched behind the ear. A vicious mule that can not

approached with safety ordinarily, can be ıdled with impunity if only his skin can reached and gently scratched.

With the human being, beginning with baby who crows and gives out grunts of nite satisfaction and pleasure when unssed for bed, and its mother rubs its back, n example of pleasure and gratification ıdulterated. "When the scabeous Scotchn at the scratching-post" fervently ejacud his "God bless the Duke of Argyle," only expressed his clannish loyalty but sensations included an element of positive)yment. He is having the pleasure of a ified sense.

'his element of desire in pruritus followed a sense of gratification as found in the ıal excitement and depraved tendencies : are so commonly associated with *pruritus italium* are easily explained. But not so)rising that voluptuous sensations should nd itching here where they have their ıral seat. Such sensations are not, how-', confined to this particular region.

'hey also affect the anus and female nip- but these particular seats of the volupıs sensation are well known; but the fact these identical sensations are felt in other ions of the body where the skin is parlarly sensitive, has received but little conration.

lmost any portion of the body subjected ttilation resulting in marked pruritis will :compañied by this same voluptuous sen-)n.

xperience has taught certain classes of aved people the valuable aphrodisiac ities of this highly developed sense con-ed with the skin and, therefore, are in habit of lightly passing the tongue over surface and then blowing gently upon the :, as a means of arousing dormant or .usted sexual appetite. So successful has method become that their patrons are iring it as a means of gratifying their surable desire.

ıe portions selected are the flexor surfaces, inal region, across the dorsal portion of)ack, and the inner surface of the thighs. reasons for this particular *selection* are y understood. They are covered with ıer epithelium consequently more susble to this particular sensation. The reasons need not be discussed here, as sensations of the skin particularly interıs.

Not only is the sensation of pruritus connected with the reproductive system, but also with the first great natural law with which creatures are endowed, namely, self-preservation.

By this vague and indefinite *character* of the sensation, both high and low grades of animal life are made aware of the most subtile approach of *substances* and influences that may endanger not only their bodily comfort, but even their lives.

Mucous membranes are endowed with the same sensation causing the rejection of irritating substances of the most delicate nature. When we sneeze we not only expel the offending substance, but explode accumulated nerve energy, thereby dissipating the sensation of itching; proven by the fact that when the sensation calling upon us to sneeze is present, by rubbing the end of the nose or pressing firmly the upper lip the explosive expiration is avoided and the collected nerve energy sent off into other channels. The same principle is applied to itching on the cutaneous surface, by the scratching a deflection of pruritic irritation into other and freer channels is effected, there is substituted for a vague and incomplete sensation a decided and definite one. It is the substitution of an effectual energy for an ineffectual vexation.

One more use in a phyiolagical sense, is that by this sensation of itching in animals, it seems necessary to the health of their skins. It facilitates the fall of deciduous hairs and promotes the exfoliation of cuticle which would not, under certain circumstances, be separated rapidly enough for the free upward growth and expansion of the cells of the *rete*. The same reason can be applied to the human skin, for pruritus is often caused by an accumulation of dead epithelium which, unless removed, causes pruritus. Now that we have distinguished a sensation apart from any other sensation known, it is reasonable to suppose that the sensation of itching and kindred sensations that can be gratified, and also have a sense of pleasure connected with their gratification have some special nerve supply.

In diseased condition this sense is aggravated and made annoying and painful as any other physiological sense can be intensified by disease.

In the first place the sensation must be caused by very superficial nerve excitation, for in disease accompanied by pruritus its

characteristic location is connected with the epidermis. A striking example is in the healing of ulcers. No itching occurs until the skin is almost entirely formed. While the sensation of itching gives us a consciousness of a minute local shock, associated with a desire to escape from the iritating cause, and if the same is repeated the desire to scratch becomes almost *irrepressible*. By so doing the sensation is relieved or changed and nerve force exploded. Therefore, the sensory fibers supplying the surface must have a different quality from ordinary sensory nerves. When the epidermis is raised or its continuity disturbed there is but little if any ordinary sensation of contact or pain, yet pruritus is situated in the epidermis.

Of the functions of some of the nerve terminations little is known. Only conjectures have been made what special parts are played by the corpusles of Meissner or Pacini or the terminal bulbs of Krause, the nerve plexus about the hairs and beneath the epidermis, the tactile cells of Meckel, the free nerve endings, and finally the nerve distribution to the epidermis.

We should expect that they would have to do with the most delicate senses or functions. Much more delicate and mysterious in their manifestations than the common sensory or moter nerves. Their delicacy and power of action is so familiarly illustrated by the reflex actions through the sympathetic nerves and even through psychical operations. From the foregoing it is quite evident so far as we can determine that pruritus as a pathological condition is an aggravation of a sense in a measure physiological. The disease commonly denominated pruritus is characterized by the absence of local lesions, or structural lesion of the skin, therefore must be reflex in its nature. In most cases it is a local disorder. The common regions are the genitalia and anus. Most distressing forms met with in middle life and old age, and affects both sexes. These facts of pathological pruritus common to the regions that the common sensation is found in a perfectly physiological condition, leads us to suppose that the most common cause must be through reflex nervous condition.

Among the best known causes are gestation, organic disease of the genito-urinary organs, menstrual disorders, diseases of the kidney and of the liver, especially *jaundice*. In the last named cause it can be traced to local irritation. So with uric acid diathesis. Certain drugs, as opium, intestinal parasites and hemorrhoids. The nervous system is not infrequently at fault.

The disease, with few exceptions, is strictly functional, due to reflex nervous action.

106 Euclid Avenue.

"LA GRIPPE," OR INFLUENZA.

H. D. CHAMPLIN, A.B., M.D.

CLEVELAND, O.

INFLUENZA, la grippe, is sometimes known as Russian influenza, because it was thought to have originated in Siberia. The Italians in the seventeenth century called it influenza, supposing it owed its origin to an influence from the stars. The Poles called it "Crypka," meaning hoarse. The French, "Gripper," meaning to seize. The Germans call it "blitz katarrh."

In its onward march it invariably sweeps over the country from east to west.

Our friends of the germ-theory schools attribute the cause of this disease to some one of the varied forms of the bacteria. Just what forms, they cannot say.

It attacks persons of all ages and conditions, though from some unknown reason children appear to be singularly exempt. The disease is independent of hydrometrics, thermometrics, and barometric changes.

The symptoms are so familiar to the average physician that it is scarcely necessary to enumerate them. Suffice it to say it has been divided into three varieties, the neurotic, catarrhal and gastric.

In some respects the disease resembles dengue, or break-bone fever.

The debility, aching pains, general soreness, headache, all point to the nervous centers as the origin of the malady.

The treatment of this disease under the hands of our allopathic brethren has not been such as to recommend it highly to the average thinking homœopathic physician. Antipyrine, antikamnia, phenacetine, quinine, etc., have played their parts, and in many cases served to put a quietus on grippe and patients. Homœopathy, has in the past three years, added one more crown to her laurels in the treatment of this malady.

For the benefit of those who are interested and inclined to learn, I will give a short list of remedies which have served me well in the treatment of this disease.

As a preventive, Camphor is the best and only one. Carry a small vial of the tincture and smell it frequently.

In the very first stage, Camphor seems to mitigate the severity of the approaching attack. I put ten drops of the tincture in one-half a glass of water and give tea-spoonful doses every fifteen minutes. When the sneezing and profuse watering of the eyes set in, give Iodide of Arsenic[3x] and Euphrasia[1x] in alternation every half hour. The same symptoms, with fever and pains in various parts of the body require Eupatorium[1x] and Rhus tox[3x] alternately every hour.

If there are muscular pains with great debility and a sense of prostration, alternate Gelsemium[1x] and Bryonia[3x] every hour.

When the pains in the muscles of the chest are very severe, similating pleurisy, alternate Bryonia[3x] with Triosteum[3x] every hour. If they do not relieve give Asclepias[3x].

When the force of the disease falls upon the throat, Belladonna[2x] and Sabodilla[1x] are of great value. Mercurius biniod[2x] and Arum triphyllum[3x] come next, if the first two fail.

If the chief trouble is with the lungs, violent cough, profuse expectorations, suffocative sensations, sense of oppression, with feebleness of the circulation, Arsenicum[3x] and Tartar emetic[3x] are the chief remedies.

Kali bichromicum[3x], Sanguinaria[3x], Kali hydriodicum[3x] and Ammonium Carb.[3x] will succeed when the others fail.

For the harassing cough, Lachesis[6x], Spongia[2x], Hyoscyamus[3x], Rumex[6x] and Conium[3x] will do good service.

In the latter stages, when there is great hoarseness, Causticum[6x], Bromine[6x] and Carbo. veg.[6x] will prove of great value.

If symptoms of pneumonia appear or capillary bronchitis, Phosphorus[3x] and Tartar Emetic[3x] are the proper remedies.

If typhoid symptoms threaten, Rhus[3x] and Baptisia[1x] are called for.

For nausea with the cough, Ipecac[1x] is a good remedy; Apomorphia[6x] will succeed if that fails.

To relieve pain, quiet the nervous system and promote sleep Codeine one-tenth grain is effective; best given about bed-time.

For the tardy convalesence, Arseniate of Strychnia[3x], China[2x], Chininum arsen[3x], Strychnia phos.[2x] will do good work, about one grain before and after meals.

When stimulants are necessary, champagne in small quantities is the best.

Steady nourishment is *all-important.*

To sum up:

For excessive secretions: Iodide of Arsenic, Euphrasia, Kali hydriodicum.

Pain in the head: Belladonna, Gelsemium.

Throat symptoms: Belladonna, Mercurius biniod., Arum triphyllum.

Lung symptoms: Tartar emetic, Arsenicum, Sanguinaria, Phosphorus, Ammonium carb.

Muscular pains: Bryonia, Rhus tox., Gelsemium, Triosteum, and Asclepias.

For cough: Ipicac, Spongia, Rumex, Lachesis, Hyoscyamus, Conium.

For restlessness and sleeplessness: Codeine, one-tenth of a grain.

For convalesence: Arseniate of strychnine, China, Chin. arsen., Strych. phos.

Stimulant: Champagne.

Nourish well!

I always use my remedies in these cases in dilutions, except Arsenic and Mercury, when I use triturations. The scale is the decimal.

455 CLARK AVENUE.

Wounds of the Heart.

Dr. Jos. Lumniczer has observed five cases of injury of the heart and pericardium, only one of which terminated fatally. His conclusions are as follows.

1. It is possible to detect a wound of the heart both from the local and general symptoms, the most important of which are the signs of cardiac compression.

2. Inasmuch as the symptoms of cardiac traumatisms in many cases do not appear until some time after the injury, it is frequently impossible to make a diagnosis immediately after its occurrence.

3. The physical signs of heart injury are an enlargement of the area of cardiac dullness, the presence of splashing noises coincident with the heart sounds, metalic quality of the heart sounds, weakness and arythmia of the pulse.

4. If obvious signs of cardiac compression exists surgical intervention is indicated. The hemorrhage should be arrested and the blood evacuated from the pericardium.—*Deut. Mediz. Zeitg.*

The mortality from phthisis is greater among widowers than among bachelors or married men. The rule holds good for all ages and is ascribed to infection during married life.

SELECTIONS.

Electricity in Paralysis.

Large text-books are devoted to a discussion of the proper methods of applying electricity in paralysis, and specialists talk learnedly concerning milliamperes and varying currents. Let me tell you, however, that milliampere-meters are of no real service, and that much learning has been wasted in the discussion as to which current should be selected in each individual case. Certain seemingly empirical but really scientific principles of simple character can guide you unerringly.

The simple fact is, that in any case of paralysis, either the rapidly interrupted faradic current, the slowly interrupted faradic current, or the interrupted galvanic current is to be chosen according to its effects, and that these effects may be judged of by the muscular contraction produced.

In accordance with this, I long since evolved what I have called the electro-therapeutic golden rule for the general practitioner, namely, that in any paralysis he should select that current which produces the greatest muscular contraction with the least pain to the patient.—*Dr. H. C. Wood.*

Epistaxis: an Easy and Effectual method of Plugging.

Take a piece of old, soft, thin cotton or silk, or oiled silk, about six inches square (a piece of an old handkerchief will answer), and, by means of a probe, a metal thermometer case, or pen-holder or anything handy it is pushed center first, "umbrella" fashion, into the nostril. The direction of the pressure when the patient is sitting erect being backward and slightly downward. It is pushed on in this fashion until it is felt that the point of the "umbrella" is well in the cavity of the naso-pharynx. The thermometer case or probe or whatever has been employed, is now pushed on in an upward direction, and then towards the sides, so as to pull more of the "umbrella" into the naso-pharynx. The thermometer case is now withdrawn.

We have now a sac lying in the nares, its closed end protruding well into the pharynx behind, and its open end protruding at the anterior opening of the nares. A considerable quantity of cotton wool is now by means of the thermometer case pushed well back to the bottom of the sack. Then, the thermometer case being held firmly against the packed wool, the mouth of the sac is pulled upon, and thus its bottom with the wool packed in it, is pulled forward, and forms a firm, hard plug wedged into the postereor nares. We may now pack the sac full of cotton wool, dry or soaked in some astringent solution.

The mouth of the sac may now be closed by tying it just outside the nostril with a piece of strong thread; it is then trimed by scissors and the ends of the thread secured outside.

The plug may remain *in situ* as long as any other nose plug. In removing the plug, open the mouth of the sac, and with small dressing forceps remove the cotton wool bit by bit; if there is bleeding simply syringe the sac with weak carbolic acid lotion or Condy's fluid and repack with clean cotton wool, or wool impregnated with some antiseptic. If there is no bleeding when the wool is picked out, gently pull out the sac; or if it be adhering to the mucous membrane, syringe in a little warm water, and it may then be easily removed.

This method has many advantages:

(1) It is easy, quickly accomplished, and effectual, and the materials are found in every house, and indeed about every person.

(2) No damage is done to the floor of the nose or back of the soft palate by strings, etc.

(3) No disagreeable hawking, coughing or vomiting takes place while the plug is introduced.

(4) There are no disagreeable strings left hanging down the throat, causing coughing or sickness while the plug is in.

(5) The plug can be removed gently without any force, so that no damage is done to the mucous membrane and no return of hemorrhage caused.—*Dr. Phillip, in the Lancet.*

Œsophagotomy for the Removal of a Silver Dollar.

While scuffling with some companions, a young man, holding a silver dollar in his mouth, accidentally swallowed it. It lodged in the œsophagus, about an inch above the sterno-clavicular articulation. When seen two hours after the accident, he was in intense pain, and making constant violent efforts at vomiting. The coin could not be reached with forceps nor with an improvised coin catcher. The patient was anæsthetized, the head drawn back and to the right, making tense the muscles and fascia on the left side

the neck, and an incision three inches in length made along the anterior border of the sterno-mastoid muscle. The tissues were carefully divided with the blade and handle of the scalpel, until the blood-vessels came into view. These were drawn to one side, and the trachea to the other, and the incision continued until the coin could be felt through the wall of the œsophagus, which bulged into the wound. An incision was made down on the edge of the dollar, and as soon as it could be seen it was grasped with a forceps and the opening enlarged until the coin could be drawn out. The only hemorrhage was from a small artery near the œsophagus, which was secured without difficulty. No sutures were taken in the œsophagus, and the wound was packed with iodoform gauze, which was afterward changed daily.—*N. Y. Med. Record.*

Outstanding Ears.

Mr. William Thomas, of Birmingham, describes the following operation by which he has succeeded in making flaring ears lie close to the head. The operation consists in the removal from the inner surface of the pinna of an elliptical piece of skin, dividing the cartilage of the pinna down the center of the exposed cartilaginous surface, and uniting the margins of skin by sutures. The widest part of the skin removed should be from one-half to three-quarters of an inch, but of course this depends on the degree of deformity. It is necessary to divide and turn back the cartilage, not only to remedy the deformity but also to allow of easy approximation of the skin margins, and care must be taken to avoid division of the outer skin with the cartilage. The after-treatment consists in the application of a small cotton-wool pad between the head and the pinna—the latter being fixed by a bandage until healing is complete. Immediate union takes place, and there is hardly any perceptible scar, the skin of the ear having great vitality. A simple method of keeping the outstanding ears back without operation is to fix them by a piece of lint soaked in collodion, and placed between the pinna and the head, the ears being bandaged close to the head until the collodion is firmly set. The adherent splint thus formed will hold the ear in position for two or three weeks, when it may be renewed. It is, however, only a temporary measure. The principles of the operation are applicable to various malformations of the pinna.—*Brit. Med. Journal.*

Anal Sphincter Stretching.

The modern method of forcibly dilating the sphincter ani was either unknown or unreported by such eminent surgeons as Brodie, Colles, Syme, Copeland, and Calvert, they reporting in their writings of dilating by gradual measures, with bougies, tents, etc., and for the purpose of relieving strictures producing local difficulties entirely.

In 1872 Professor Simon, of Heidleberg, published an article on "The Artificial Dilatation of the Anus and Rectum for Exploration and Operation," in which he first described a method for the exploration of the lower bowel by the introduction of the whole hand; by this method he claimed that not only the pelvic organs could be explored, but that pathological changes in the abdomen could be determined. Later and more extended experience has "modified the application of this procedure, as disastrous results have followed, and diseased conditions have escaped detection," which the more modern explorative incision of laparotomy under antisepsis would have discovered. In fact with ordinary care now taken in this latter method we have the advantage of the eye, as well as the touch, to determine the more deeply seated pathological changes that were sought for by Professor Simon, and with probably less danger to the patient. The wonderful diversity of immediate and reflex conditions resulting from disease and stricture of the "hæmorrhidal arch" is concisely expressed by Dr. Pratt in his latest work on "Orificial Surgery," viz.: "In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain substance that induce insanity, and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum or the orfices of the sexual system, or of both."

In corroboration of the many points taken by him, I will simply relate some cases in my own practice worked out and experimented upon before my acquaintance with the large literature on this subject at the command of us all at this present time. In the year of 1880, I was called in to see a maiden lady thirty-five years of age, bed-ridden, emaciated, hectic, distressing enuresis, sleeping only under chloral, and bowels moving only when the

most powerful cathartics, or enemas of two or three quarts of soap-suds, were used. It is hardly necessary for me to state that these cases came to me from experienced old-school physicians.

After considering and studying the case in all its lights I determined to try dilating forcibly the sphincter ani, as I had read of its benefits in constipation, little dreaming what else it would do for her. Putting her under the influence of chloroform I made my first attempt and with success, for I not only relieved the constipation but the insomnia was gradually cured, strength gradually came to her, fever passed away, and emaciation gradually gave way to the gaining of flesh. At the end of six months I had to repeat the operation, and again at the end of eighteen months, since which time she has become a strong, stout, healthy woman, increasing in weight from ninety to one hundred and forty pounds. This to me was a great triumph, to her a Godsend.

The second case on which I experimented, was a married lady, forty years of age, emaciated, with a cough, and hectic fever. No appreciable dulness of lungs to be discovered by either auscultation or percussion, and persistent constipation; she also complained of pain and irritability of urethrea; insomnia was also a distressing symptom. Two operations under chloroform, six months apart, made a complete cure of all the immediate and reflex symptoms in this case. I would state that in addition to the stretching of the anus, I also at the first operation forcibly dilated the sphincter vaginæ muscles.

The third case to report was a maiden lady of about forty years of age. Constipation was so persistent and the expulsive effort so inadequate, that without the use of powerful cathartics she had to assist herself by passing the finger into the vagina and forcing the fæces down and out. A complete cure was also made in this case, with but one operation under an anæsthetic.

The last case I will call your attention to, was that of a young man of thirty, strong, healthy, and fine physique; persistent constipation with hæmorrhoids without any reflex symptoms. One operation under anæsthesia made a complete cure.

I have repeatedly stretched the sphincter ani for simple piles and always with good results, and always do so as a preliminary measure in all operations for extensive hæmorrhoidal tumors before excising or obliterating them.

My experience has also taught me that the use of *ethyl-bromide* in cases requiring but short period of anæsthesia is the pleasant and the best.

My apology for this short *resume* of some my own work is not only to coroborate the experience of other and better surgeons, but encourage those not making a specialty of surgery to attempt this modern method for the cure of old and long-standing cases that have resisted prolonged medication.—*Dr. W. L. Fiske, in Nor. Am. Jour. Hom.*

My Pneumogastric Nerve.

UPON an average, twice a week,
When anguish clouds my brow,
My good physician friend I seek
To know "what ails me now."
He taps me on the back and chest
And scans my tongue for bile,
And lays an ear against my breast
And listens there awhile.
Then he is ready to admit
That all he can observe
Is something wrong inside, to wit:
My pneumogastric nerve!

NOW, when these Latin names within
Dyspeptic hulks like mine
Go wrong, a fellow should begin
To draw what's called a line.
It seems, however, that this same,
Which in my hulk abounds,
Is not, despite its awful name,
So fatal as it sounds.
Yet, of all torments known to me,
I'll say without reserve,
There is no torment like to thee
Thou pneumogastric nerve!

THIS subtle, envious foe appears
To be a patient foe—
It's waited nearly forty years
Its chance to lay me low;
Then like some blithering blast of hell,
It struck this guileless bard,
And in that evil hour I fell
Prodigious far and hard.
Alas! what things I dearly love—
Pies, puddings and preserves—
Are sure to rouse the vengeance of
All pneumogastric nerves!

OH, that I could remodel man!
I'd end these cruel pains
By hitting on a different plan
From that which now obtains.
The stomach, greatly amplified,
Anon should occupy
The whole of that domain inside
Where heart and lungs now lie.
But first of all I should depose
That diabolic curve
And author of my thousand woes,
The pneumogastric nerve!

—*Eugene Field, in Chicago Daily News.*

AMERICAN INSTITUTE OF HOMŒOPATHY.

President's Letter.

PATERSON, N. J., May, 1892.

DEAR DOCTOR:—

The time is rapidly approaching when the American Institute of Homœopathy will be called to meet in annual Convention at Washington, D. C. It is none too early to remind you how important it is that there shall be a full attendance from every section of our country. The impetus given at Atlantic City last year should be augmented; our membership largely increased and our power for good still more clearly demonstrated. To do these things effectually require some effort on the part of every one. First, arrange to come and be present during the entire session. Your face, your form, your voice, will add much to the respect, the position and the influence we already possess. It may require something of sacrifice on your part but it is for our common cause. Your patients will miss your care but they'll let you go when they know you'll return to them fresher, more enthusiastic and better equipped to do them valiant service. Second, persuade all those who should be with us to join our organization. If they cannot come with you, obtain their applications. Third, bring from the treasure-house of your experience "things both old and new" that you may be a blessed giver, as well as a blest recipient. Many eyes are watching us and looking, some hopefully, some fearfully, for the history we shall make this year. Upon *you* may depend the measure of our success. The hour is auspicious; the gate already ajar, and we have only to unitedly determine what *ought* and *must* be done.

Do not, I pray, let one thought of self lessen your zeal for the promulgation of our glorious faith. You are preacher as well as practitioner and many a text will you get through communion with the brethren.

I enclose the Circular of the Local Committee of Arrangements. By it you will learn something of the pleasure in store for you. The ladies will find the time fully occupied in viewing historic persons, places and things.

Never was there a better opportunity for combining profit and pleasure. Hoping to greet you personally and be cheered by your presence, I am, yours sincerely,

THEO. Y. KINNE, M.D.,
President.

Local Committee of Arrangements.

WASHINGTON, D. C., May, 1892.

DEAR DOCTOR:

As you know, the Institute will meet here June 13th; the Local Committee is anxious that the meeting shall be well attended and hopes that you will decide to come; take what you advise for your patients—a vacation, which can not be taken at a better time than between the winter and summer diseases. This meeting of the Institute will not be of advantage to you in a professional way alone, but the social relaxation and the many places of interest in the city will make the visit one of special interest; the sessions of Congress and all the activity that pertains to them, the Executive Departments, the Medical Museum with innumerable pathological specimens, and a medical library of nearly one hundred thousand volumes, the Bureau of Engraving and Printing where the paper money is produced, the largest Printing Office in the world, the Gun Factory, Mount Vernon, the Government Hospital for the Insane, and many other places of interest will all contribute to make attendance at the coming meeting memorable.

"What so rare as a day in June?" applies to Washington as well as Massachusetts; the temperature is not excessive, comparing favorably with more northern cities, and many years it is quite cool for the season; vegetation is at its height; flowers are in full bloom—roses everywhere; the perfume of the honeysuckle fills the balmy evening air and the stroller is tempted far beyond the usual hour for retiring; the chill of the mountain and the dampness of the shore that come with nightfall are lacking here; the wide streets allow a free circulation of air, while abundant shade modifies the daily heat.

The Committee desires to see the wives and daughters and will make special provisions for their entertainment.

Washington is the banner city in its representation in the Institute, more than three-quarters of her medical society being members; but we hope that you will do your best to make your town or county surpass us next year; if you can not bring the applicants with you bring their applications for membership and thus keep up last year's memorable record of admissions; let Unity and Fraternity be the motto of our meeting.

From Washington you can reach many points of interest: Old Point Comfort, Rich-

mond, the battle-fields, the mountain and sea-shore resorts, the Luray Caverns, and any northern or southern point quickly, easily and at moderate expense. The Pennsylvania, the Baltimore & Ohio, the Chesapeake & Ohio, and the Atlantic Coast Lines all concentrate here, with an unsurpassed car service.

The hotel arrangements will be ample and the Committee thinks, satisfactory.

An excursion to Mount Vernon will be made a pleasant feature of the meeting.

In short the Committee will do its best to help visiting members enjoy their visit and urges you to come.

WM. R. KING, M.D. *Secretary.* 812 Eleventh Street N. W.

J B. G. CUSTIS, M.D. *Chairman.* 110 East Capitol Street

Ohio.

The twenty-eighth Annual Session of the Homœopathic Medical Society, of Ohio, will be held in Cincinnati, Ohio, Tuesday and Wednesday, May 10 and 11.

The Session of 1892 presents as special claims to the support of all the homœopathic physicians in the State of Ohio: *First:* To advance the prestige and influence of homœopathy in Ohio. *Second:* To encourage a spirit of active and aggressive work to the end of securing a proper recognition in our new state institutions. *Third:* To present a strong front in behalf of better medical legislation and to secure to homœopathy its equal rights on examining boards. *Fourth:* To take action respecting the boycotting of homœopathic physicians by life insurance companies respecting appointments as examiners. *Fifth:* To further increase the numerical strength of our State Society to the end that these objects may be attained.

The Cincinnati Homœopathic Lyceum will tender to the members of the Homœopathic Medical Society of Ohio, and to their ladies a grand reception, on Tuesday evening, May 10.

Railroad rates, full fare going to Cincinnati, for which a receipt should be obtained at starting-point; this, when signed by the Secretary will secure the return ticket for one-third of the amount paid for the ticket to Cincinnati.

Kentucky.

The Kentucky Homœopathic Medical Society will meet at Georgetown, May 17 and 18, 1892. O. H. Buck, M.D., of Paris, is President; Allison Clokey, M.D., Louisville, Secretary.

Illinois.

The Illinois Homœopathic Medical Association will hold its thirty-seventh annual meeting at the Tremont House, Chicago, May 10, 11 and 12, 1892.

The prospects for the greatest meeting in the history of the Society are most flattering. There are already about fifty applications for membership, which far exceeds any previous year.

The Secretary has undertaken a new plan, which has developed the promise of over one hundred papers. No member has been placed on a Bureau who has not previously selected his Bureau and promised a paper for it.

A prominent feature of this meeting will be a question bureau in which every one is expected to take part. If you have a subject you wish discussed, or wish the opinion of others, bring a written question that will cover the field and you will find some one who knows more about it than you do.

It is very important that this meeting be well attended and that every one be enthusiastic in order to impress the necessity of advancing the demands for public recognition.

Be sure to attend, and if you are not now a member, send your application, at once, to the Secretary.

W. A DUNN, M.D.
Central Music Hall, Chicago.

Utah.

The physicians of Utah have organized for the first annual meeting of their new society, the Utah Homœopathic Medical Society, to be held at Salt Lake City, May 3, 1892. J. M. Dart, M.D., of Salt Lake City, is President. The Secretary has issued a circular in which we find the names of eleven homœepathic physicians who are practicing in Salt Lake City.

NEW JOURNALS.—Two new candidates have entered the field of journalism, both of which we welcome to our table. The *Minneapolis Homœopathic Magazine* has as its editor-in-chief Dr. Henry C. Aldrich, with Drs. J. F. Beaumont, D. W. Horning and Asa S. Wilcox as associates. Then comes the *Medical Standard*, from Kansas City, with a corps of editors composed of Drs. S. C. Delap, T. H. Hudson and W. D. Foster. The appearance of these journals is but another indication of the growth of our school, and as such they are indicative of progress and prosperity. We trust that they may receive liberal support.

Michigan.

DETROIT, April 5, 1892.

The twenty-third annual meeting of the Homœopathic Medical Society of this State occurs in this city on the 17th and 18th of May. The homœopathic profession of the city of Detroit are united in their efforts to make this meeting successful in every respect. A splendid banquet will be provided at the Hotel Cadillac, whose *cuisine* is second to that of no hostelry in this country. The Trustees of Grace Hospital will give a reception at the hospital, and every opportunity will be afforded to the members for the inspection of this magnificent building.

The list of papers shows that the scientific work of the sessions will be of a high order, and the social aspects of the meeting will be attended to with great care by the members of the local committee. In short, there is every indication that it will be the best meeting the society has ever held, and we want every member to be present. The Hotel Cadillac has been selected as headquarters.

The local committee extend to you a most urgent invitation to be present.

HAROLD WILSON, M.D.,
General Secretary.

Post-Graduate Alumni.

The physicians attending the Second Post-Graduate course of the Chicago Homœopathic Medical College, on the afternoon of March 30, 1892, organized the Post-Graduate Alumni Association of the Chicago Homœopathic Medical College. Edwin Gillard, M.D., of Sandusky, O., was elected President, Geo. W. Pringle, M.D., of Midland, Mich., Vice-President, Lorenzo N. Grosvenor, M.D., Secretary and Treasurer.

All who have a certificate of attendance on a Post-Graduate course at Chicago Homœopathic Medical College are cordially invited to become members.

Send name, address and fifty cents to the Secretary and Treasurer.

LORENZO N. GROSVENOR, M.D.,
185 Lincoln Ave.,
Chicago, Ill.

Iowa.

The twenty-third annual session of the Hahnemann Medical Association of Iowa will be held at Iowa City, Ia., May 25 and 26, 1892. A. P. HANCHETT, Secretary.

Consultation Case.

I have a desperate case of a young man who is fearful of losing his hair. Internal remedies and various hair tonics and lotions have been used without the slightest benefit. The falling steadily progresses, and even the eyebrows and hair on the various parts of the body is constantly coming out.

He enjoys almost perfect health except a little functional trouble of the cardiac nerves.

Will some kind professional brother give me the benefit of his experience and knowledge in this case, and greatly oblige both patient and doctor?

F. W. SOUTHWORTH, M.D.,
Tacoma, Wash.

ANNUAL REPORT OF SURGICAL OPERATIONS.—A neat pamphlet bearing this title, gives a complete list of the surgical operations performed by Dr. Horace Packard, Associate Professor of Surgery in the Boston University School of Medicine. There is a record of two hundred and forty-three operations performed in the year 1891, many of which were among the most formidable that surgeons ever meet with. In one hundred and forty-five of the cases healing took place without the occurrence of suppuration. Cases of an unusual character are fully described and well illustrated.

We heartily congratulate Boston's accomplished surgeon, Dr. Packard, on the very flattering success that he has met with, as indicated by these records. The pamphlet may be studied with profit by all engaged in this line of work.

LOCATION.—A homœopathic physician is wanted at Brainerd, Minn., a city of 6,000.

IMPORTANT NOTICE AND REMOVAL.—To avoid failure or doubtful success in the use of Peroxide of Hydrogen, be sure you get Marchand's Medicinal; no substitute can replace it, statements of dealers, interested or unscrupulous parties to the contrary notwithstanding. There is great inducement to substitute in this article, for the reason that Peroxide made for bleaching and varying trade purposes costs to produce only a fraction of what Marchand's Medicinal costs, and the unscrupulous druggist or dealer pockets the difference in profit at the expense of the physician's reputation for skill and Marchand's Peroxide of Hydrogen Medicinal.

Put up in 4oz., 8oz., and 16oz. bottles only, with which every careful physician should be familiar, in order to frustrate dishonest substitution and assure success in practice. DREVET MANUFACTURING CO.,
28 Prince Street, New York.

BOOK REVIEWS.

THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the Use of Practitioners and Students of Medicine. By William Osler, M.D., F.R.C.P. (Lond.), Professor of Medicine in Johns Hopkins University. New York: D. Appleton & Co. 1892.

The profession will at once recognize Dr. Osler's eminent fiitness for the task that he has performed. He has produced a work that covers in a very thorough manner the entire field of the practice of medicine. The science of medicine is today making such rapid advances that any book is soon out of date. This is especially true of the subject of bacteriology, in which new discoveries are of almost daily occurrence. Osler's "Practice" gives the latest that is known on this very important subject. But the value of the book does not consist of this alone. In all that belongs to the history, the etiology, pathology, symptomatology and diagnosis of disease, it is full and accurate.

The very thorough manner in which all subjects are considered may be indicated by calling attention to the fact that seventy-two pages are devoted to the consideration of tuberculosis. We know of no other work in which one can obtain in such available form the latest doctrines concerning this most important disease.

The book contains one thousand and eighty pages, and is gotten up in the substantial manner for which the publishing house of Appleton is so well known. In every respect, without reserve, we advise practitioners and students who may be in need of a work on "Practice" to buy Osler's, and to take no other one.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1892. Edited by P. W. Williams, M.D., Secretary of Staff, assisted by a corps of thirty-two collaborators —European and American—specialists in their several departments. 644 octavo pages. Illustrated. $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The tenth yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the Profession, as providing, at a reasonable outlay, the handiest and best résumé of Medical Progress yet offered. Part one comprises the New Remedies, together with an extended Review of the Therapeutic Progress of the year. Part two, comprising the major portion of the book, is given to the consideration of New Treatment; and is a retrospect of the Year's work, with numerous Original Articles by eminent authorities. The third—and last part—is made up of Miscellaneous articles, such as Recent Advances in Bacteriology; Medical Photography; Sanitary Science; Use of Suppositories in the Treatment of Disease; Improvements in Pharmacy; New Inventions in Instruments and Appliances; Books of the Year, etc.

The arrangement of the work is alphabetical, and with its complete Index, makes it a reference book of rare worth.

ONE of those occurrences that the careful editor so much regrets marked page 109 of the April issue of this journal. Since the publication of the article in question—"Diseases with Personal Names"—we have had our attention called to the fact that it appeared as long ago as November, 1888, with full credits, in the New York *Medical Abstract.*

The copy that came into the hands of the editor of the ERA was typewritten, and accompanied by other typewritten copy of similar appearance which was original matter, and was published on page 103 of the same issue. There being no credit mark to the article in question we concluded that both were by the same author, Dr. H. D. Champlin, and so published them. Thinking the article of sufficient value for permanent preservation, and with the intention of making further use of it in another form, we applied for copyright. Had the article reached us as reprint copy, or with credit marks, it is needless to add that no such error would have occurred. Dr. Champlin has accounted to us for having sent the copy in the unusual form in which it reached us.

A correspondent of the *Weekly Medical Review*, asks: "Do blowing a harp injure the eyesight?"

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CH. GATCHELL, M.D., *Ann Arbor, Mich.*

RARE CHANCE.—$10.000 practice in Chicago; in good healthy condition, and unlimited to right kind of man. Address "X," MEDICAL ERA, Ann Arbor, Mich.

THE NEWTON NERVINE.—This is the name of the establishment at West Newton, Mass., established by Dr. N. Emmons Paine, formerly of the Westborough Insane Hospital. Here patients from any part of the country will be received for the treatment of mild forms of insanity, and other nervous affections.

Bicycling for Girls.

At a meeting of the Chicago Academy of Homœopathic Physicians and Surgeons Dr. R. N. Tooker read a paper on this subject, in which he recommended the use of the wheel as a healthful exercise. He said—

"If the bicycle is what I have come to regard it, and what the evidence here adduced would indicate, the good it will accomplish in developing stronger and healthier women is incalculable. Women are necessarily precluded from participating in base-ball, running and jumping contests, and from all those athletics which stir the blood and develop muscle, and yet they need just this kind of exercise as much as men. We have not yet, to any extent, developed a taste for these vigorous sports and pastimes that have done so much for the wives and daughters of England."

In this opinion he was supported by the other members of the Academy. There is no better wheel in the market, in fact none so good, as the Diamond "Rambler," which is distinctively a Chicago production. Gormully & Jeffery, 228 Franklin street, will send illustrated catalogue on application. Physicians in many parts of the country are using this wheel.

Hahnemann Medical College and Hospital—Thirty-first Annual Commencement.

Hahnemann College held its Commencement Exercises at the Grand Opera House, March 17. Forty-two candidates, whose names are here given, received the degree:

Bollon Percival, M.D. (ad eundem), Australia; Aiken, John Gale, M.D., Louisiana; Bailey, Walter H., Iowa; Baudry, George, Wisconsin; Brown, Plumb Jr., Connecticut; Burdick, Frank O., Ph.B., Wisconsin; Carson, Louis B., Iowa; Cottlow, Benjamin Augustus, Illinois; Day, Charles Wesley, Ph.G., Illinois; Edmonds, Harry, M. W., California; Ellis, J. B., B.S., Indiana; Genius, Arthur E., Illinois; Genius, Richard Millard, Illinois; Granger, Charles T., Minnesota; Greuenwald, Charles F., Illinois; Hancock, Ellen Flower, Illinois; Hicks, Robert A., Jr., Tennessee; Hogue, I. R., A.M., Indiana; Ketchum, Jennie D., Illinois; Kline, Minerva A., Ohio; Lanning, Lewis M., New Jersey; Linneborg, Augusta S., Illinois; Lothrop, Charles Arthur, Massachusetts; Martin, Lillie M., Illinois; Morgan, Saxton J., Wisconsin; Neill, Charles H., Minnesota; Noyes, Wilbur F., Illinois; Nystrum, Conrad E., Wisconsin; Replogle, P. S., M.D. (ad eundem). Illinois; Schram, Leo, Wisconsin; Seitz, Frank B., M.D. (ad eundem), New York; Snow R. L. Pennsylvania; Stephens, Edna A., Minnesota; Swift, Ruth E., South Dakota; Tenney, Rachel Shaw, Kansas; Thompson, William M., Minnesota; Willing, William C., Illinois; Whitcomb, Lena Morgan, Wisconsin; Shultz, Louis A., Illinois; Waldron, George F., Jr., Massachusetts; Evans, Arthur W., Missouri; Llewellyn, H. S., Illinois.

Chicago Homœopathic Medical College—Sixteenth Annual Commencement.

The Commencement Exercises of this College were held at the Chicago Opera House, on the afternoon of March 15. The degree was conferred upon the following named graduates:

Nils Bergman, of Illinois; William A. Cate, Nebraska; T. Edward Costain, Illinois; George S, Coon, A. B., Iowa; George A. Coors, Arkansas; S. S. Douglass, Wisconsin; John H. Gardner, Pennsylvania; William L. Guild, Illinois; Karl Greiner, Michigan; Walter A. Hazleton, Illinois; Harry E. Kerch, Illinois; Henry G. Merz, Illinois; Arthur L. Mikesel, Ohio; A. DeB. Scobey, Texas; George L. Stubinger, Illinois; Clarence E. Stephens, New York; Arthur O. Tiedt, Illinois, and Arthur E. Thomas, B. S., of Wisconsin.

In the evening the annual alumni banquet was held at the Auditorium Hotel, with covers for a hundred and twenty.

We call attention to the new advertisement of Reed & Carnrick, on page XIV. This firm have spared neither labor or expense to perfect their Infant Foods. They claim that Lacto-Preparata, an all-Milk Food, for young infants, and Carnrick's Food, composed of half Lacto-Preparata and half dextrinized wheat, for use after six months of age, have now practically reached perfection. Lacto-Preparata almost perfectly resembles human milk in character, composition and taste.

THEY SAY

THAT experience teaches—sometimes.

THAT there is a special providence for fools.

THAT it's a good wind that blows nobody any ill.

THAT an honest dollar is the noblest work of man.

THAT those who dance must pay the chiropodist.

THAT a polite barber never cuts an acquaintance.

THAT you should never run for office—lay for it.

THAT you should never cry over spilt milk; get the cat.

THAT an optimist is a man who believes that all eggs will hatch.

THAT every one can stand a little more than he thinks he can.

THAT a squirrel comes down a tree head first' and a cat tail first.

THAT a horse always gets up fore-legs first, and a cow, hind-legs.

THAT a cold nose is due to feeble circulation, frost-bite, or atheroma.

THAT medical common sense is of greater value than a drug store.

THAT comedies always end in a marriage, and then the tragedy begins.

THAT there are lots of people who have more reputation than character.

THAT any man can get rich minding his own business, providing he has the right kind of a mind and the right kind of a business.

THAT the girl in the telephone office has a very wide speaking acquaintance.

THAT there are two hundred and fifty foreign physicians practicing in Paris.

THAT women commit suicide most frequently on Sunday; men, on week-days.

THAT as a rule man can only have one attack of small-pox, and one is enough.

THAT in giving the devil his due you should take care not to give yourself away.

THAT the largest university in the world is in Paris; it has nine thousand students.

THAT many a person who can stand his own singing will make a fuss if the baby cries.

THAT people are not condemned for what they do so much as for what people think they do.

THAT when in deep thought a man runs his hand through his hair in order to grasp the idea.

THAT the way for a lawyer to succeed in this world is to begin with a will—and see if he can break it.

THAT a great deal of fault is found every day' but it seems to have no effect in diminishing tomorrow's supply.

THAT when a good man finds himself in a strange town he thinks of all the wicked things he ever wanted to do.

THAT you should not talk about yourself in company; after you have left the company will give due attention to the matter.

THAT there is a medical society in Indiana having a membership of two—one is the president and the other the secretary. There are just enough offices to go 'round.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. X. CHICAGO, JUNE, 1892. No. 6.

CH. GATCHELL, M.D., EDITOR.

PROFESSIONAL PLAGIARISM.

A plagiarist is no better than a pirate.

The January issue of this journal contained an article on "Sexual Hygiene" which was contributed to it as original by DR. H. D. CHAMPLIN, of 455 Clark Avenue, Cleveland, O. It has but recently come to our knowledge that the article in question was a lecture by DR. THEOPHILUS PARVIN, of Philadelphia, and published, in 1884, in the *College and Clinical Record.* DR. CHAMPLIN copied the thing almost entire; after having perpetrated a fraud on his colleagues by reading it as his own before the Cleveland Academy of Medicine he sent it to this journal for publication.

Another article, contributed as original, on methods of reducing dislocations, is almost identical with a card published years ago by DR. H. F. BIGGAR, Dean of the Homœopathic Hospital College, of Cleveland.

Still another article, on "Gelsemium," he cribbed entire from the writings of another, and claimed it as his own.

When, a month ago, our attention was first called to the fact that the article "Diseases with Personal Names," which he sent to this journal, had been published in the *Medical Abstract*, in 1888, we believed that we were dealing with a man of honor, for DR. CHAMPLIN has been practically accredited to the profession by virtue of his connection with an otherwise reputable medical college. For this reason we deemed him incapable of perpetrating such a fraud upon his colleagues and upon the profession. Hence we were willing to assume the responsibility for what we supposed to be an error, and to give him the benefit of the explanation that he made to us. But since these later revelations have come to light, we are now satisfied that he practiced deception in this instance, as, it now appears, he had done in so many others.

This man has not only imposed upon us, but he has perpetrated a fraud upon his colleagues by reading as his own before their local society the products of his literary bureau for second-hand goods. One who will do as he has done is a disgrace to any institution with which he is connected. We make this disclosure in order to protect others from like imposition.

We leave the plagiarist to the well-earned contempt of the profession.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

DR. A. K. CRAWFORD, of Chicago, succeeds DR. C. A. WEIRICK, as President, and DR. W. A. DUNN is continued in the office of Secretary.

The election, resulting as above indicated, was the last official act of the thirty-seventh session of the Illinois Homœopathic Medical Association, held in this city May 10, 11 and 12, 1892. It was, without other qualification, the largest, the most enthusiastic and satisfactory meeting that this Association ever held.

The attendance, we think we are safe in saying, exceeded that of any previous meeting. But the most remarkable and satisfactory incident was the accession of *eighty-five new members!* This is something unparalleled in the history of the Association. Many meet-

ings of our National organization have fallen short of it. It is a triumph for our school in the great State of Illinois, a triumph for homœopathy, as indicating its growth and prosperity, and a triumph for the Secretary, to whose indefatigable zeal it is in great measure due. The prosperous condition of our school furnished the material, and the Secretary brought it in.

The number of papers presented by the various bureaux was so great that had it not been for the very business-like manner in which the President conducted the meeting, the end would never have been reached. It is to be regretted that the discussions were not more general. In a meeting of this character, papers should be short, and discussions long—not made so by long speeches, but by many short ones.

Probably the most satisfactory incident of the entire meeting was the agreement on the part of the physicians of Chicago to forget past differences, to bury rusty hatchets, and to work hereafter in a spirit of unity. In place of the rivalry of the past, there will be harmony; instead of competition, there will be co-operation. With this as the prevailing spirit, the homœopathic profession of the city of Chicago and the State of Illinois can get everything to which it is justly entitled—and sometimes more. The medical control of insane-asylums, of city and State hospitals and other institutions, may be had for the asking—if the asking is accompanied by a "powerful sight" of work. Nothing will be too good for us, and against our united profession nothing will prevail.

The most important committee appointed at the meeting was the one on the part of the Association to co-operate with the committee of the World's Congress Auxiliary on a Congress of Homœopathic Physicians and Surgeons to be held in Chicago in 1893. The Association listened with much interest to the announcement made by the Chairman of the Committee on World's Congress, Dr. J. S. Mitchell. According to this report, Chicago will be the scene next year of the greatest gathering of homœopathic physicians that the world has ever known. It is confidently expected that more than three thousand homœopathic physicians will be here in convention assembled. The foreign representation will be greater than at any previous assembly, and the record that will be made will do much to give a new impetus to homœopathy in all parts of the world, although the chief effect will, naturally, be felt in this country.

In a word, the thirty-seventh annual meeting of the Association was a great success, and the one thousand homœopathic physicians in Illinois—including the four hundred in Chicago—have reason to congratulate themselves on the event.

THE MICHIGAN MEETING.

Enough cannot be said in praise of the physicians of Detroit for the very handsome manner in which they entertained the State Society last month. Their generosity calls for grateful recognition, their good taste for admiration. The session was a grand success from beginning to end.

But the banquet, with which it closed, deserves especial mention. The magnificent hall, the choice *menu*, the profusion of flowers, the delightful music and the goodly company, combined to make an affair which was keenly enjoyed, and will long be remembered by all who were so fortunate as to participate. The physicians of the State return their most sincere thanks to the physicians of Detroit.

Dr. J. C. Nottingham, of Bay City, is the President-elect.

The place of next meeting is Battle Creek.

AMERICAN INSTITUTE.

The time for meeting of the American Institute is now so near at hand that all who intend going have already made preparations. We expect to see a large meeting.

OPINIONS EXPRESSED.

The use of the nasal douche is to be commned.—*Dr. C. Gurnee Fellows.*

Ignorance, in medicine, is not bliss; neither it folly to be wise.—*Dr. C. A. Weirick.*

I think it right that the Association should a little missionary work.—*Dr. J. A. Vincent.*

Medicine will never become an exact science, t remain in great part experimental.—*Dr. C. Weirick.*

I have used the Credé method, and I never i a case of retained placenta in my life.—*Dr. A. Smith.*

I wish to call attention to the use of Gelsemi in the treatment of irritable prostate.—*Dr. E. Nichols.*

We find chorea in females twice to the same ease in males, notwithstanding circumcision. *Dr. Geo. A. Hall.*

My idea is that hyperæsthetic rhinitis is a inct disease, wholly separate from hay-fever. *Dr. W. A. Dunn.*

For uterine hemorrhage due to the presence broid tumor, I give oil of cinnamon, and have er had it fail.—*Dr. C. T. Hood.*

I am satisfied that ptomaines are the cause of y diseased conditions where there is exhaust- diarrhœa.—*Dr. W. F. Knoll.*

I want to state most emphatically that there connection whatever between tuberculin and rculinum.—*Dr. B. S. Arnulphy.*

It is a fact that there is nothing more oughly aseptic than a flaxseed poultice in an eptic gauze.—*Dr. W. F. Knoll.*

There is no department of surgery in which villainous dressings have been applied than rns and scalds.—*Dr. W. F. Knoll.*

Apostoli feels that American physicians have nderstood his formulas in relation to his s for the cure of uterine fibroids.—*Dr. E. S. y.*

I have used acetic acid for hay-fever—not g the attack, but from one season to the and with excellent results.—*Dr. W. M. ns.*

New Mexico is where we are going to ur climate for tubercular subjects, and send with some hope of recovery.—*Dr. A. K. ord.*

Senn still maintains that the hydrogen- ethod is almost a positive means of diag- n perforated wounds of the intestine.—*Dr. Rogers.*

Let the anatomists listen while the wiseacres give us the *names* of the muscles that support the womb and that are put out of rise by pessaries. —*Dr. A. G. Bebee.*

A careful diagnosis and treatment of intranasal diseases in children will add wonderfully to the comfort and beauty of the coming generation.—*Dr. W. A. Dunn.*

I believe that one great thing in the diseases of children is that we do not nourish our patients enough; we rely too much on the indicated remedy.—*Dr. J. P. Cobb.*

If circumcision is of such vast benefit as claimed for it why are not the male members of the Jewish race far superior to the female? They are not.—*Dr. F. H. Foster.*

Several years ago I read a paper on "Massage of the Ossicles," but the proof reader was not a specialist and got it "Massage of the Auricles."—*Dr. C. H. Vilas.*

Plastic operations are generally a failure on account of the hemorrhage. Since using silk as a hemostatic I am generally successful where before I failed.—*Dr. E. H. Pratt.*

I suppose every physician who attends labor cases uses anæsthetics and instruments. The time has gone by when the matter can be discussed at all.—*Dr. R. N. Foster.*

As a School we do not sufficiently emphasize the fact that pathological lesions, in the nature of sequelæ are not so apt to follow homœopathic medication.—*Dr. J. S. Mitchell.*

The absorption of decayed tissue is a fruitful source of fever, and I do not think it wise for the teaching to prevail that a placenta should be left until it comes away of itself.—*Dr. L. C. Grosvenor.*

The present idiotic fashion of trailing dry-goods through the dirty streets and through cars which are strewn with tobacco and other filth, is most unsanitary, and it arouses my indignation. —*Dr. Lucy Waite.*

Instead of including all layers of intestine, I remove the mucous coat and stitch muscular tissue to muscular tissue. It is impossible to get any tissue to unite if there is mucous membrane between.—*Dr. W. F. Knoll.*

The results obtained in the use of the phonograph for the treatment of deafness have as yet fallen short of practical application, but they promise a satisfactory solution of the problem in the future.—*Dr. J. H. Buffum.*

The drug to use in surgical tuberculosis for antiseptic purposes is Iodine, every time. The point that I wish to make is that some sort of discrimination should be used in the selection of the antiseptic.—*Dr. Henry Sherry.*

ORIGINAL ARTICLES.

THE APPLICATION OF THE PHONOGRAPH TO THE TREATMENT OF CERTAIN FORMS OF DEAFNESS.

By J. H. BUFFUM, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892].

DURING the last year a number of experimenters have consumed much time and effort in the desire to find in phonographic cylinders a practical adjunct to the treatment of certain forms of tinnitus and deafness. The most successful investigator in this field has been Prof. H. F. Garey, of Baltimore, who has succeeded by the use of certain prepared cylinders in producing upon the tympanic membrane and chain of ossicles vibratory shocks, which when conducted direct from the phonograph to the ear result in massage, so to speak, of the middle ear. Dr. Gery has not yet given to the profession a *résumé* of his results, but I believe he will do so soon. During the last year it has been my hope that in the phonograph I should discover a reliable test for hearing, as the ticking of the watch, the musical time-beater, the acumeter, the human voice in whispered or louder tones, present tests which are both unsatisfactory and unreliable.

The results obtained in the experiments which I have conducted have as yet fallen short of practical application, but give promise of a satisfactory solution of the problem in the near future. It was while experimenting in this direction that I became convinced of the value of the reproduced sounds and noises in the treatment of some forms of deafness, from the unpleasant impression upon the normal auditory apparatus of the listener.

The effect of these reproduced sounds and noises when conducted by the auscultation tubes to normal ears and continued for a half hour or more, is to produce a feeling of warmth, slight increase of the circulation of the blood in the middle ear, as shown by slight hyperæmia of the membrana tympani. The effect upon the labyrinth is similar to that produced upon it by sudden and violent noises, except that the impression is less severe and soon passes off.

The application of the phonograph to the treatment of ear trouble of a non-inflammatory nature, adds this to our armamentarium and enables us to benefit cases which otherwise, with all the other means at our command, must go without relief. Various devices have been employed from time to time to accomplish this form of massage of the middle are and have failed, either from the cumbersomeness of the apparatus employed, or the painfulness of its application, but with the phonograph we find the application, while not always pleasant, at least not painful, and the results more satisfactory. A *résumé* of some fifty cases which have been treated with the phonograph, enables me to classify those which are likely to be the most benefited by the use of the cylinders.

First. When there is a partial anchylosis of the stapes to the margin of the fenestra ovalis.

Second. Partial anchylosis of the malleus and incus.

Third. Partial atrophy and paresis of the tensor tympani muscles.

Fourth. Where there is a loss of hearing due to a feeble condition of the general system and manifested by general fatigue following the effort to hear.

Fifth. In tinnitus aurium with its endless variety of sounds.

Sixth. Cases of relaxed membrana tympani with general relaxation and more often with atrophy.

Seventh. Cases of deafness where the hearing is lost more rapidly from non exercise of the auditory nerve and conducting apparatus, owing to the patient's sensitiveness of disposition.

Among the cases treated there have been many brilliant results and many failures. But if one cure is obtained by this means, we have advanced a league in the treatment of deafness. The wax cylinders have been prepared in various ways by different experimenters. Some have simply recorded the sounds of the saw mill; others, like Dr. Garey, have so carved their cylinders as to produce a succession of shocks, as the sapphire point of the diaphragm falls into the grooves. The intensity and frequency of the vibrations thus produced being determined by the depth and spacing of the grooves and the velocity at which the cylinders are revolved. My own experiments have doubtless been to a large extent the duplication of those of others, inasmuch as the primary idea has been to record musical tones of sufficient intensity and timbre. For this purpose all known musical instruments have been called into use with the hope that one or more might furnish the desired tones. It has seemed

that the most desirable tones to be re-produced for the purpose of treating deafness, would be those which in their timbre would approach that of the human voice. Thus far composite sounds and the musical tones have seemed to me to give the best results in the majority of cases. The cylinders which I show you here have been the result of much experiment and present many peculiarities, when compared with the ordinary plain or recorded cylinders. The noises are produced by deep indentations made by tapping upon a drumhead stretched over a large especially constructed zinc receiving horn, while the musical tones presenting both intensity and volume result from the record of bells of various tones.

The ordinary glass diaphragm of the Edison Co. has been found insufficient to re-produce the sounds with adequate volume, so that after a number of experiments with sonorous woods, mica, cardboard, aluminum and its various alloys, gold, platinum, silver and steel, parchment has been found to possess the desired qualities for re-producing those sounds which are of the greatest value in the treatment of deafness.

It is not improbable that an increase in the size of the diaphragm would be of value in the re-production of sounds for this method of treatment. Experiments in this direction, however, have not yet reached that point of success which would enable us to determine the actual value of such increase, but such modifications of Edison's instruments are not unlikely to follow.

It is impossible for one to appreciate the effect produced upon the human ear in listening to these cylinders, which are used in the treatment of deafness, in a large hall like this, with even the best delivery horn. It is only when the auscultation tubes are directly applied to the ear that we get the true phonographic massage and stimulation of the middle and internal ear.

In the treatment of the class of cases which are likely to be benefited by this method, time becomes a matter of serious consideration to the busy aurist, as the cylinders, to obtain the best results in treatment, have to be gone over a second and third time and followed by other cylinders affecting other portions of the middle ear, so that to obtain satisfactory results the treatment should be continued for at least twenty or thirty minutes, or longer at each sitting for each patient, the frequency of the treatments depending upon the results obtained after four or five daily applications. With the four-and six-way tubes and a screen arrangement it has been possible to treat more patients at the same time with a single cylinder than would otherwise be possible.

The following cases may give you some idea of the value of the phonographic treatment for the relief of some varieties of deafness, which after medicinal, mechanical and instrumental treatment have only had the progress of the disease stayed, or have been but partially benefited.

CASE I. Mrs. W., aet. 36. Began to lose her hearing six years ago, with a marked hissing tinnitus. Examination of the nose and throat shows an atrophic rhinitis and pharyngitis. Eustachian tubes pervious to the air from both air-bag and catheter. Hearing power for the watch recorded as R. W. 2″ L. W. 6″. Membrana tympani retracted and opaque. Was treated for two months with remedies locally and internally, with an improvement for the watch of 2″ in the R. ear and 4″ in the L. ear, and a marked improvement in the nasal and pharyngeal membranes. How much more improvement might have been gained from continued treatment is uncertain as she was directed to apply the phonographic treatment daily at her own home and report from week to week at my office for her hearing test. For three weeks there was no marked improvement, as both local and internal treatment had been discontinued, except that the tinnitus gradually lessened. After eight weeks' treatment, in the last two of which there had been a marked improvement in the hearing, she exhibited a hearing record of R. W. 20″ L. W. 24″, and declared that as long as she had a phonograph she would hold her hearing and enjoy life.

CASE II. Mr. V. aet. 65. Very deaf for twenty years. Membrana tympani thickened, dull in appearance, light spot absent and retraction medium. Nose and throat membranes of the average Chicago type. R. W. h. p., left ear L. W. c. As he was an unpromising case he was put on the phonograph with the result that after four months' treatment he could hear words spoken in a moderate tone of voice at a distance of ten feet without difficulty.

CASE III. Mr. C., aet. 42. Hypertrophic rhinitis and fair pharynx. Membrana tympani retracted and opaque, cone of light absent. Has been very deaf for eight years, the result

of otitis media catarrhalis chronica. Before treatment with the phonograph could not hear ordinary conversation unless the mouth of the speaker was within two feet of the ears. After three months' treatment could carry on a conversation with two or three people in his parlor in their ordinary tone of voice without difficulty.

Case IV. Mr. H., aet. 26. Some loss of hearing but remarks that he does not mind that, but the noises in his ears make him wild. Says he does not care whether he hears or not so that the distressing noises can be stopped. The hearing test shows for the right ear 24″ for the left 36″ and the drum heads while retracted, look as well as hundreds I have examined whose hearing presented a normal average. With the phonographic idea in mind he was turned over to the tender mercies of the instrument and after the first treatment with the bell cylinders, he reported a cessation of the ear noises for an hour, and came back for another treatment the same day, but was advised to wait until the following day, while nothing less than an hour's grind of the cylinders would satisfy him. He reported bright and early the next day that he had had three hours respite from the noises in his ears and slept comfortably for the first time in months. Remarking at the same time, that he did not understand why, in his waking moments, he kept thinking of the music he had heard at the close of the treatment.

Case V. Mrs. C., aet. 44. Mother became deaf at thirty-eight and is now so deaf that she can only hear through a hearing trumpet. Mrs. C. naturally with the increasing deafness of the last four years has a dread of the progressive deafness which she is aware of and for which she has had treatment from our most eminent aurists at home and abroad during the last three years. The examination of her ears discloses a chronic non-suppurative inflammation of both middle ears. The watch test shows only hearing for the tick or hard pressure. The tuning fork test downward. She was relegated to the phonograph for treatment with the result that after four months' treatment can hear the watch at 6″ in the R. ear and 12″ in the L. ear, and says she wants to be sure she can always have a phonograph within reach.

Case VI. Mrs. M. H., aet. 49, since 1885 has been quite deaf, the loss of hearing coming on suddenly within 24 hours. Has had much annoyance from noises in the ears and deafness for some years before. Complains of a great deal of noise which came on two or three months after the marked deafness, which sounds to her like the escapement of steam, but she defines three other distinct forms of tinnitus, roaring, hissing, and a third, and intermittent noise. Can hear well on the street cars, and she can hear music without effort, but her hearing for the human voice evidently depends much upon her lip reading. Is sensitive to certain sounds as sharp ringing of bells and the watch test shows R. W. O. L. W. h. p. After the first four treatments with the phonograph there was no perceptible change nor improvement in the hearing. The length of the treatments were continued to 40 minutes when she complained of a slight pain in both ears and in the right ear the ability to hear the bell sounds which heretofore had not been audible to her although of loud volume and intensity. After a month's treatment the tinnitus was annoying only when she was very tired. Her hearing improved for the voice test but the relief of the tinnitus was most remarkable.

Case VII. Mrs. R. C., aet. 59, for some time has not heard as well as she used to. No history of earaches, etc. Does not hear well at the lunch table. R. W. 1½ in. L. W. 1 in. Has been treated with the catheter for a year but has rapidly grown worse. Drum heads retracted. No special injection or thickening. Canals show full secretion of seruminous glands. The phonograph treatment stops up her ears, gives her a sense of fullness as if she could not hear. After treatment drums injected along handle of malleus. After three months' treatment the hearing rose to R. W. 20″ L. W. 28″ and she continues with the hope of greater improvement in the future.

Case VIII. S. L. W., aet. 30. When a child had earache and 4 years ago had malarial fever and took much quinine. Had an attack of la grippe this winter and since has had greater loss of hearing. Much ringing, roaring and hising, particularly in left ear. R. W. 14″, L. W. 7″.

Drum heads translucent, cone of light broken. Right nostril, middle turbinated, puffy and somewhat hypertrophic. Breathing free through middle meatus. Left nostril, turbinates swollen, tonsils somewhat enlarged and pharynx rather hypertrophic with air bag. Air passes to middle ear with improvement in

hearing distance of watch of 2 in. for each ear. Was under treatment for three months with an improvement of hearing by watch of 5 in. in R. and 4 in. in L. Was then treated by phonograph for a month with improvement in the hearing of both ears so that the watch was heard in the right ear at 36″ and the left ear at 26″.

CASE IX. Mrs. A. C., aet. 29. Had an attack of grip last December. During the attack of influenza, was suddenly seized with a loud roaring noise in the right ear, which came on during the night. During the last ten days it has troubled her but little during the day, but the tinnitus comes on at night and particularly after reading or any special mental effort during the evening. Hearing not noticeably affected as the watch test shows R. W. 5″ L. W. 6″. Both drum heads show some retraction, but no special difference is observable between the two. For a month before the roaring came on, there was a feeling as though she heard clearly, but the sounds seemed afar off.

After the second treatment of the phonograph she was enabled to sleep for the first time since the attack. After eight treatments she returned home cured, and advices received a month later, announced her continued relief.

CASE X. Mrs. H. B., aet. 30. Has always had some catarrhal trouble. During the last six years there has been a gradual loss of the hearing with much tinnitus and a great variation in the noises. A year ago had a polypus removed from the nose with improvement of the catarrhal condition, but without improvement in the hearing. Hears better in a noise. W. O. in each ear. Hears conversation of a loud tone only and inquiries are carried on much more comfortably to the aurist by means of a hearing tube. Has tried the different varities of ear drums and discs without benefit. Tuning fork test doubtful. The phonograph was applied for six weeks without benefit, but as the case was a dispensary one, and the treatment without cost to her she was encouraged to continue, and by varying the cylinders, her hearing gradually inproved, until a month later she was able to hear conversation addressed in a moderately loud tone to her and certainly with less effort on the part of the speaker than before, while her hearing became R. W. 4″ L. W. ½″. As the effort for treatment seemed greater for her than mine, she was lost sight of.

CASE XI. Mrs. R. E. D., aet. 27. Has been concious of a gradual loss of hearing for some years, but not sufficient to make her positive that she was growing deaf.

Mother and grandmother both very deaf later in life. Five weeks ago there was a sudden snap in the right ear, and she became concious of much impairment in hearing. There was some buzzing for a day or two, more recently a chirping noise. R. W. O. L. W. 18″. Right membrana tympani retracted and somewhat opaque. The right spot appearing only as a small dot. Left membrana tympani atrophic, transparent, showing complete outline of the head of the malleus and short process. Right nostril exhibits a hypertrophic condition of the turbinates, while the left and pharynx are atrophic.

After six weeks' treatment there was no improvement in the right ear, in the left ear, however, the hearing came up to 36″ and she was correspondingly happy.

VENETIAN BUILDING.

THE CARE OF THE NOSE IN CHILDREN.

BY W. A. DUNN, M.D.
CHICAGO.

[Read before the Illinois Hom. Medical Association, Chicago, May, 1892.]

THE little knowledge of intra-nasal conditions in children possessed by general practitioners has, in times past, often caused serious deformities and mistaken diagnoses, and much mental and physical suffering. It is gratifying to see the interest taken in this class of cases by the students and general practitioners of the present day. Every case of intra-nasal disease first comes under the care of the general practitioner, and with the usual amount of skill and knowledge possessed, this class of diseases has been sadly neglected. As you observe people every day you can but remark, if you note this particular feature of the face, the great number of deformed and misshapen noses. A large majority of this class of cases occur during childhood, and if properly treated at that time, the serious deformities and ill-formed noses could have been avoided. It is with the idea of bringing this class of cases to the attention of the general practitioner, that I have been led to dictate this article.

A careful diagnosis and treatment of intra-nasal diseases in children will add wonderfully to the comfort and happiness, as well as beauty, of the coming generation. It is a great misfortune to have any marked perversion from the usual contour of the face, and

especially of the nose, because of its great prominence in the facial expression.

A class of cases in which there is an obstruction of the breathway, and in which there is no external symptom confined to the nose, the general system suffers markedly, together with the general facial expression. A common symptom in reference to the nose in children is a continual desire to pick at the nose. In former years this was considered to be a certain symptom of worms, but under careful observation, in the majority of cases, you will find a little fissure at the end of the nose, a little abrasion of the mucous membrane on the septum, or a dry ulceration in the same region. This is quite enough to cause the patient to pick the nose, and is more frequently observed, I am sure, than worms. An application of Mercury, Calendula, or Aristol cerate will soon relieve this condition.

Fissures in the nasal opening are often observed in children, especially if there be a scrofulous diathesis, with an excoriating discharge. The mucous membrane of the nasal opening is usually thickened and red, and may be irritable, or not. This condition is usually the result of the constitutional dyscrasia and should be treated accordingly. However, local antiseptic applications are of value to reduce the irritation of the nose. If it be accompanied by excessive intra-nasal secretion, treatment directed to that state will also be of service.

Acute catarrh, or "snuffles," is a frequent disease among little children, and is not always due to an acute coryza, as is usually supposed. This condition is often due to inflammation in the naso-pharyngeal region, with enlargement of the Luschka's tonsil, of which I will speak later. This being an acute active condition, the proper internal treatment, with the indicated remedies, is the proper course to pursue.

Chronic hypertrophic catarrh is not common in children, except those of a scrofulous diathesis. Of all the cases of nasal stenosis observed, it is rarely found that the stenosis is due to chronic hypertrophic thickening under the age of twelve years. One of the most difficult and unfortunate diseases to be observed in the nose, and especially in children, because of its great destructive tendency, is atrophic rhinitis. This condition is very liable to produce an external deformity, as well as a disagreeable inflammation and destruction within the nose. This type of catarrh, I believe, is often infectious, especially if the mother suffers from it while the children are small. I have frequently observed families of several children, in which the mother was suffering from atrophic rhinitis, that all, or nearly all of the children suffer from the same disease. If this disease occur early in life, the nasal cavity is soon destroyed by its absorptive tendency and the turbinated bodies disappear, leaving a large open space in the nasal cavity. The bony structures under the diseased mucous membrane partake of the atrophic process, and are absorbed or impaired in their growth so that we frequently observe the nose to be flat, low and out of proportion to the remainder of the face. The nasal processes of the maxillary bones are prominent, while the nasal bones are sunken and flat. This produces an unfortunate deformity of the face.

Early treatment directed to this catarrhal condition will avoid the serious changes that follow. The ozæna or ulcerative destruction of the cartilages and bones of the nose are frequently observed in children, due to hereditary syphilis or scrofulous diathesis. If this occur in the anterior portion of the nose, serious deformities result, due to depression and malformation of the nose. Only by early observation and careful general and local treatment can we avoid destructive changes that are sure to be serious to the comfort and beauty of the patient.

Such children suffer for years until the whole of the cartilaginous portion of the septum has been destroyed before they are fortunate enough to find a physician who can diagnose the condition. These cases should not occur. Every physician should be able to see the anterior portion of the nose, which is as easily done as looking at the tongue or tonsils. The child so afflicted must suffer the mortification of this serious deformity, through all her life, and her whole prospect of the future be destroyed by the ignorance and lack of care on the part of some so-called physician. Foreign bodies in the nose are quite common in children, and produce a violent excoriating and odoriferous discharge. Children are prone to insert pebbles, buttons, beans, corn and other foreign bodies into the nose, which cannot be blown out.

In such articles as corn or beans, the secretion causes the body to swell to such a degree that it is very difficult to remove, besides the continual pressure produces ulceration and ozæna. Pebbles, buttons, etc., form the nuclei for rhinoliths and may remain in the nose for

ears, with only moderate symptoms of nasal tarrh. I lately removed a pearl coat-but-n from a young boy's nose which had been re-ined for seven years and had been quite for-otten by the family. It was supposed that : was suffering from chronic catarrh, for hich he had been treated. The calcareous posit covered the button entire, and it was ily by dissecting the body that the button as found in the center.

A proper examination will always reveal ese foreign growths and they should be re-oved at once. Deposits of desiccated secre-ns are sometimes retained in children's ses, which act as foreign bodies and produce oriferous discharge, which should be re-oved, the same as other foreign bodies.

Fracture of the nasal septum or of the nasal nes frequently occurs in children, leaving the st unfortunate deformities and often caus-; nasal stenosis. These fractures should be perly dressed with splints and never al-ved to heal without proper attention. If perly treated, the nose is restored to its mer contour and no deformity results.

One of the most frequent and unfortunate ditions, if not removed, is adenoid growths the naso-pharynx. This condition has ny general symptoms especially pertaining he facial expression and the respiration. such cases, the whole contour of the face omes changed, the child appears idiotic h drooping eyelids and open mouth. The ebral circulation is depressed and the child ws mentally weak as well as physically de-ed. Removal of the diseased tissue oughly restores the breathway and pre-ts future deformity and ill health.

can but urge the necessity of careful diag-s and early treatment of this class of cases, but too frequently happens that neg-ed diseases of the nose, that could be re-ed during childhood, produce serious and rtunate changes in the nose and face, cannot be relieved in after years.

any are the unfortunates who have passed ime when relief might have been given, have been practically outcasts from society ccount of the ignorance and lack of care ie part of their family physician.

STATE STREET.

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sleepy condition of a child without and in apparent health, chiefly after an disease, suggests basilar meningitis; at there is a staring look or a slow lateral ment of the eyeballs.

SOME POINTS CONCERNING THE TREATMENT OF POST-NASAL CATARRH.

BY C. GURNEE FELLOWS, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

I SHALL not in the present paper try to cover the whole field of the treatment of post-nasal catarrh, but simply offer some specially pertinent suggestions.

The now recognized necessity of surgical treatment for many of the cases which come to our notice has taught us to get the nose into as good a condition as possible, by means of the saw, the cautery, local applications, etc.

But there are many cases which are not cured when the nose has been put into an apparently normal and unobstructed condition.

Septal deflections, turbinate hypertrophies and adenoid growths may have been removed, so that nasal respiration is perfect, and yet the patient is not well, for he complains of secretion in the post-nasal space, the well-known symptom "droppings into the throat," and no amount of argument will convince him that he has been materially benefited by the treatment till the discharge is stopped. He may have gained in weight by the freer inspiration of oxygen through the nasal passages; he probably does feel better in every way, but continues the plaint of everlasting discharge.

Having had a number of such cases I began to hunt for the cause and the cure, and I believe I can give a few suggestions which may help others in the treatment of their cases.

In a majority of the cases of post-nasal catarrh, the posterior ends of the turbinated bodies are considered to be the chief offending portions, and next in importance is the presence of adenoid tissue on the posterior and upper walls of the pharnyx. These abnormal growths should be removed or restored to a more normal condition by the usual methods. But when this is done, if the secretion continues, it must be corrected.

It is rarely found that the vault of the pharynx presents a condition of smoothness which is in any way comparable to that of the posterior pharyngeal wall,—(that part seen by simple oral inspection), but there are apt to be one or more spots of mucous membrane, elevated cushion-like, which are spongy as to the feel, yet do not shrink noticeably under cocaine.

These spots are very apt to be at the posterior end of the septum, immediately behind it, and may be continuous with or separated from a similar "cushion" in the very center of the vault.

Having now discovered the apparent source of the remaining discharge, it is left to treat it. The galvano-cautery has proven most efficient in my hands as the main treatment. An application fairly central, and rather deep, with a circle of points of less severity, will bring about a healthy reaction, a lessening of the elevation and thinner and more natural secretion and much less liability for a collection of the same.

When this has been done, if there still remain a secretion of sticky mucus, which is not copious and does not continually accumulate, I have found the application of a mixture of iodine, iodide of potassium, and ergot in glycerine and water, applied thoroughly by means of a pharyngeal applicator at intervals of a couple of days, to be of material assistance in finishing the cure of this condition.

There are two other points which may demand attention. They are hypertrophies similar in character to those of the turbinated body, but situated at the posterior end and upper portion of the septum, usually on both sides and often connected with each other by a band of hypertrophic tissue. These should be removed by a treatment similar to that of the pharyngeal "cushion." The applications of the cautery to the vault of the pharynx are best made by a pharyngeal electrode which is capable of being bent to suit the case and should be tested before connecting the current. The septal spots are best touched by straight nasal electrodes, which may have a button on one side and a guard on the other.

Occasionally, however, the applications may be best made to the vault, through the nose, and to the septum through the pharynx.

As to the internal treatment I most heartily recommend it. In my experience the Carbonate and Muriate of ammonia have been of very marked service. Kali carb., Kali bich., Mercurius iod. and Mercurius bin., Natrum sulph. and the many well-recognized remedies have each proven useful. In one case Corallium rub., well-indicated, completed a cure. I am perfectly convinced that the local treatment is essential, but that it is materially assisted by the internal remedy. I believe that the indicated remedy might accomplish a great deal if given alone, but I do not believe it would cure a case such as I have mentioned.

I therefore believe in a happy combination of both internal and local treatment, and that the adoption of this method will help us to speedily and safely cure the cases which may present themselves.

PESSARIES.

By A. G. BEBEE, M.D.,
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

THE evidence that has been accumulating each year of my practice has convinced me that there are still "several" practitioners who are not quite "up" on this subject. There are still some who are not ashamed to say they "do not believe in pessaries." Some even among the writers of books who are advising and trying to correct uterine displacements by stuffing the vagina with wads of cotton or some similar dervice which can have little or no effect except to augment the physician's bill and diminish the patient's confidence in the ability of any one to cure female diseases. The very objections which are urged against the use of such instruments prove conclusively that those who urge them are ignorant of the very fundamental principles underlying their use. The number and variety of abominations which are constantly being sold and inflicted upon long-suffering womankind by those who ought to know better, is a disgrace to our profession which can be only accounted for by the prevailing ignorance as to what sort of a thing a pessary should be.

Indeed this is so true that it is well nigh impossible to buy at any of our instrument makers a pessary which is *fit to use* in the condition in which it is sold. I hope I may be pardoned if I seem to speak wildly or in a too censorious tone. There is so much to be said and the reasonable limits of such a paper as this are so restricted, that I feel compelled to make my statements in as condensed and pointed a form as possible.

All that I shall attempt to do at this time will be to raise a few practical questions as to the use of such appliances and answer them as well as I may in a few words from the stand-point of my own experience.

Necessity.—It will certainly not be disputed by any one who has had much opportunity for observation and has used that opportunity to good advantage, that a very large majority of uterine diseases are associated with uterine displacements. Whether as cause or effect, it is not always easy to decide. Whether inflammation and enlargement or dislocation is the initiatory trouble, the other is very sure to

follow. In like manner the recovery can only be accomplished when both factors are eliminated simultaneously, or nearly so. The circulation and innervation of the uterus is too closely connected with its position, as is also its menstrual function, to allow any marked dislocation to exist without producing serious derangements, such as congestion, hypertrophy and inflammation both of the uterine tissue and of the mucous lining, as well as of the ovaries and fallopian tubes. We may as reasonably expect to remove the swelling, pain and loss of function in a dislocated shoulder while the head of the bone is still unreduced, as to expect to do the same with a dislocated womb. The dislocated joint, having been reduced, will, in most cases, remain so; the dislocated womb very *rarely*, without mechanical assistance. Cases have frequently fallen under my observation in which the physician was doing nothing to maintain reduction of such a constantly recurring dislocation of the womb but to replace it as often as opportunity offered. What would be thought of a surgeon who should treat a constantly recurring luxation of the clavicle, for instance, in the same way?

OBJECTS.—It follows naturally, then, that some means must be found to accomplish this object. Such appliances are called *pessaries.* The objects in view in using them are (1) To maintain the uterus in a normal *position*, so as to make it possible to restore it to a normal *condition* by such constitutional and local means as may be brought into use. (2) To favor the restoration of the natural uterine supports, so that as soon as may be, they may resume their functions. This object seems to have been strangely misapprehended. We hear people talking about "weakening the muscles by putting them out of use," "stretching the parts out of shape," etc. Let the anatomists listen while these wiseacres give us the *names* of the *muscles* which *support the womb* and which are put out of use by pessaries. What we undoubtedly do have to deal with, are relaxed, overstretched, elongated, ligaments, usually; sometimes, in ante-versions or flexions we may have *shortened* round ligaments instead. Now it hardly needs to be said that in this case we have to be governed by entirely different principles from those when dealing with muscles. To strengthen a *muscle* we put it *into use* and give it exercise; but if we would strengthen or shorten a *ligament* we *relax* it and keep it *at rest;* and conversely, if we would lengthen or relax a ligament we put it upon the stretch; while a muscle should be kept entirely at rest and extended.

The application in case of uterine displacements is obvious; and these are some of the reasons why properly constructed and adapted pessaries *will* cure uterine displacements, and NOTHING ELSE WILL. I do not say will cure *all* uterine displacements, because there are cases in which the uterine supports have been destroyed beyond restoration, and in such cases surgical operations may sometimes be legitimately invoked or a pessary may be worn until uterine life has run its course. The cases are, however, exceptional, in which deviations can not be cured by suitable supports continued for a sufficient time. How long that time will be depends of course entirely upon the case, varying from a few weeks to a few years.

SHAPE: While it would be impossible to define accurately any one shape which would be *the* correct one, inasmuch as each pessary must be exactly fitted to the circumstances and to the patient, as much so as a shoe or a set of artificial teeth, yet there are several general principles and outlines which may be considered well established. (1) A vaginal pessary should follow the curves of the vagina without distending it, provided it is normally capacious. This principle would exclude a pretty large number of devices commonly sold and probably used. For example, all "ring" pessaries, whether hard, flexible or inflated. Personally I find no use for any of them, and many of them can be of no use to any one.

(2) It should be so constructed as to suspend the uterus by means of its vaginal attachments. This would condemn all the patented affairs which seek to support the womb by a cup applied to its vaginal portion. They are entirely unscientific and unfit for use.

(3) It should be so simple as to be readily introduced and removed, and easily kept cleansed while in situ. The patient should always be able to remove it, and if she could replace it herself it would be exceedingly desirable. This would exclude many complicated and jointed appliances, often very excellent in theory.

(4) It should cause no annoyance by pressing against sensitive points, nor be easily disturbed by ordinary movements. This would exclude all forms of pessaries supported by a belt. These may exceptionally be necessary, but very rarely.

(5) It should interfere as little as possible with the sexual relations of the married patient, for, although we might wish her to live apart from her husband while under treatment, this is not to be expected for a prolonged period.

If these principles are accepted we shall find ourselves limited to a very small variety, but still a sufficient one. According to my experience two or three of the simplest forms are sufficient to meet the requirements in at least ninety-nine per cent of our cases. There is hardly ever a retro-deviation which cannot be efficiently treated by an Albert-Smith pessary.

Anterior displacements are met equally well by my own ante-version pessary devised several years ago. It should be distinctly understood, however, that flexions either forward or backward will in most cases require the additional use of intra-uterine stems and other auxilliary measures. Some cases of simple prolapse, especially if it amount to procidentia, may also require some special form of support, which we cannot now stop to discuss.

Materials.—A satisfactory pessary must be smooth, impermeable to moisture, non-corrodable, capable of being readily molded to the desired shape, and not too heavy.

The only materials which even tolerably meet these requirements, so far as I know, are hard rubber and block tin. The only objection against the hard rubber is the difficulty in molding it into some desired forms. Block tin is much better in this respect, but is sometimes corroded slightly by the secretions, and is not quite so smooth or light as might be desired. For several years I used pessaries made of brass or copper wire covered with soft rubber tubing. Some of these answered very well, but even the best of them absorb the secretions and become offensive and irritating in a short time. Soft rubber in general is unfit for any but the most temporary uses on this account and because it very soon becomes rotten and worthless. Aluminum is not sufficiently pliable. I hoped that an alloy of this metal with tin would make an exceedingly useful material, but upon trial I found it crumbled into pieces when subjected to action of the uterine and vaginal secretions.

Adaptation.—When all other considerations have been carefully attended to the accurate and continuous *adabtation* of the instrument is after all the *sine qua non;* for, wanting this, all the rest avails nothing. But how can one explain to another how to accomplish this. It is an art which requires thorough familiarity with the anatomy, not only of the parts in a general way, but of each particular patient, especially, together with mechanical skill to adapt means to an end and patience to try and try again. Every curve of a pessary (and it is nothing but curves), has its value and meaning, and must be made to conform to the requirements of the case in hand. Not only this, but as the case progresses it may require frequent changes in size and shape to meet the varying conditions presented.

The gynecologist who imagines he can treat any patient throughout with a single pessary however well fitted at the start little understands the situation. The one best for today may be far from the best next month.

It will, obviously, be necessary to have a large assortment of sizes and shapes to select from, and often even then will it be necessary to mold one to suit the case in hand.

A word as to shaping a hard rubber pessary, for they will all need it. I do not believe I could today find a Smith's pessary on sale in this city which I would be willing to use without remodeling it. The books usually direct to immerse them in hot water in order to make them pliable. If you try it you will find, when the rubber gets hot enough to soften it straightens out into a vague resemblance to a horse collar which defies all your efforts to reduce again to proper shape and maintain it so while it hardens. Let me advise you not to try that plan. Oil it well with olive or other *vegetable* oil and heat it *carefully over* a flame, just at the curve (or curves) you wish to change, moving it constantly so as not to burn it. When it softens, bend it gently, not too short, lest you will break it, and hold it so while it cools, or immerse it in cold water. Gloves will contribute to your comfort during the process.

As to the length of time a patient should be allowed to wear a pessary between examinations, I should never, if I could prevent it, allow more than a very few days to elapse—say two to six—after first introducing one. When the vagina has become accustomed to its pressure and I find it is doing its work well and comfortably the time may be gradually lengthened to two or three weeks or a month; very seldom longer, without removal and carefully examining the conditions. As to the recommendations of some authors to allow a newly introduced pessary to be worn for six months or more at a time, I should consider such a course wholly to be condemned. It is just such abuse and ignorant blundering with these appliances which have resulted in the harm which we so often hear about. While

I have seen much ignorance, blundering and incompetence displayed in this direction I have never personally known an instance where any serious harm *has* been done to the patient by means of pessaries! A thousand times more may be done by neglecting them.

582 WEST ADAMS STREET.

ENDOMETRITIS AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF TUBAL, OVARIAN AND ABDOMINAL DISEASES.

BY E. S. BAILEY, M. D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

POZZI SAYS:—Considering the direct causes of metritis, we find them associated with, 1st, menstruation; 2d, copulation, 3rd, parturition; 4th, traumatism.

Of the varieties of metritis there are: acute, chronic, cervical and corporeal, cystic, chronic polypoid or hyperplastic, fibrinous, granular, hemorrhagic, post-abortum, and senile.

In acute endometritis the mucous membrane is abnormal, both in softness and thickness; the microscope shows no change in the glands, but a certain peculiar alteration in the interglandular tissue; the cells being far more numerous than usual, and so tightly packed against each other that there is almost none of the homogeneous inter-cellular substance left.

In chronic endometritis the mucous membrane does not present its normal whitish color, smooth surface and peculiar rigidity; it is bloated, pulpy, soft, and both in aspect and consistence resembles currant-jelly; the discoloration is, in places, very marked and may have the appearance of a layer of blood interspersed with dark clots. This softened layer, formed by the inflamed mucous membrane, is easily displaced by the scalpel, readily elevated or torn by gentle traction. There is present an intense congestion throughout the organ, between the muscular fibres, but this is more pronounced on the deep surface of the mucous membrane. On section of the organ, if made with a very sharp knife, it is difficult to distinguish muscle from mucous membrane, the two having a similar appearance. However, the mucous membrane is easily scraped off with a curette which cannot penetrate the muscular layer unless it is much softened by inflammation.

Cystic endometritis: The development of cystic tumors at the cervical orifice is more frequent than in the cavity of the uterus. These tumors range from the size of a pin's-head to that of a small nut and feel like little resisting grains, slightly elastic, and it has been shown that they are formed of exactly the normal elements of the uterine mucous membrane. There is disposition to fatty degeneration at their base.

The chronic polypoid variety is marked by an enormous development of the mucous membrane, which has a fungous appearance and may be bristling with small and soft growths.

In granular endometritis prolonged congestion creates a hyper-genesis of tissue which results in some cases in hyperplastic growths of a granular nature. Under the microscope they are seen to consist of hypertrophied elements of the mucous membrane, dilated follicles, enlarged blood vessels and exaggerated cell growth.

In the hemorrhagic form it is the uterine body that especially suffers, while the cervix may remain comparatively healthy. We meet with this form chiefly in young girls at the establishment of menstruation and in women near the menopause; it is also the form most common after abortion, when the almost invisible particles of the decidua graft themselves on the mucosa and set up a lasting inflammation. In the form that has lasted a long time we observe those profound alterations of the mucous membrane of a vegetating nature which we call polypi.

There is a histological variety of endometritis which does not deserve the dignity of being placed in a separate class, and yet should be mentioned, and that is post-abortum endometritis. According to Schröder it is almost an interstitial form of metritis which occurs after abortion, the glands taking part only late in the disease. But the feature which distinguishes it is the persistence of the decidua, which undergoes a partial retrograde metamorphosis; if this persistence is partial, we find little islands of decidua, more or less prominent, about which there is a very active proliferation of small cells. This inflammatory modification of the mucous membrane differs essentially from retention of the placenta, which is often described under the inappropriate name of *endometritis post abortum*, and which is only a hemorrhage due to incomplete contraction of the uterus and its vessels.

There is a variety of corporeal endometritis which occurs in old women who have long ceased to menstruate, in which a *watery or creamy pus* is secreted. This is known as the senile form of endometritis. These cases are often accompanied by a most wearing and harassing pruritus vulvæ.

3034 MICHIGAN AVENUE.

SOCIETY PROCEEDINGS.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

THIRTY-SEVENTH ANNUAL MEETING.

Held at the Tremont House, Chicago, May 10, 11, 12, 1892.

The Thirty-Seventh Annual Session of the Illinois Homœopathic Medical Association was called to order by President C. A. Weirick, M.D., of Marseilles, at 10:50 A. M., Tuesday, May 10, 1892.

The meeting was opened by an address of welcome delivered by Dr. A. K. Crawford of Chicago, who said:—

For and in the name of the homœopathic physicians of Chicago, the honor of welcoming the Illinois Homœopathic Medical Association devolves upon me. In the olden time when a personage of note was being entertained in a city, the fathers handed over to him the keys, in order that he might know that, for the time, he possessed the town. In the modern times, and in the present instance, we have no city gates, no city walls, but we freely offer to you the privileges of the town.

We meet here for personal benefit, and for the benefit of our school, and I have not the least doubt but that we shall have a successful session under the guidance of the President. I have therefore but to tender you a most heartfelt welcome to this, the great World's Fair city, to which all eyes are directed. We trust you will be made conscious of the great pleasure you convey in meeting with us on this occasion.

Dr. Weirick responded to the welcoming address by saying:

I desire to express thanks for the cordial reception that has been tendered us. Your words are not those of mere formality, but indicate that the local homœopathic physicians are pleased to have us meet in this city, a city so full of possibilities that the "half hath not been told," this city that is loved by the people of the State of Illinois; that is looked upon with pride by the Nation and is admired by the entire civilized world. It is tolerant and progressive, and hence is a suitable place for the meeting of this body of scientific ladies and gentlemen; a body that has been organized for thirty-seven years, and in all that time has never taken a backward step.

Your words indicate friendship. This friendship, this hearty welcome that you have extended to us will enable us to return to our homes with a feeling that we all have a common purpose, a high aim in life, and one in which we have your sympathy.

The minutes of the Thirty-Sixth Annual Session were then read by W. A. Dunn, M.D., of Chicago, the Secretary of the Association, and were accepted.

The report of the Treasurer, A. A. Whipple, M.D., of Quincy, was then given, and, on motion, accepted.

President C. A. Weirick then delivered the following address:

MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION:—The work of the physician is the prolongation in comfort of the living human organism. Life is that immaterial something found only in organic matter, and preventing its decay in unfavorable conditions. It is something that man may either destroy or propagate, but he cannot create. It is something so great that it cannot be accurately defined. This being true, medicine will never become an exact science, but always remain in great measure experimental. It may, however, be a progressive science, acccording to the intelligence and zeal that the physician brings to it. To assist in making it a progressive science is the work of this Association. Your success in this respect depends upon the faithfulness of members in reporting newly-discovered facts, and in corroborating old ones. In his work the physician meets with two forces, namely, a destructive and a productive force. The measure of his success is his power to reduce to a minimum the former, and sustain to the highest attainable degree the latter.

The destructive forces embrace all causes of disease, a few of which, of general character, may here be recalled to your minds. One is idleness. Idleness and rest are not similar states of mind or animate matter. Both are active conditions. The former is a destructive force, it is an abnormal use of the mind which leads to despondency, to excitement, or to both, alternately. There are conditions which depress the physiological action of the vital organs and cause many of the functional neurotic ailments common to the visionary, castle-building and aimless mind, that is idle. Mental rest is not a cessation of action—this is death—but it is a change in the line of thought.

When the general practitioner drops his daily routine and attends this meeting, it is rest to him, if he participates in its deliberations. If he fails to do so, he becomes weary and tired. The medical specialist rests, and hence recuperates bodily vigor, by studying the methods of others in European hospitals.

Ignorance is not a negative, but, frequently an actively destructive, force. It is such when it prevents the ingress of pure air into living rooms; when, from fear of contracting a cold, it sends to school and other public places, filthy human bodies from which emanate germs of disease and odors so foul that a sufficient amount of ventilation can only be obtained by removing the walls and roof of the building; when it pours into the stomachs of mankind thousands of gallons of intoxicating liquors, thereby lessening in the body of the consumer the productive forces, and destroying in our nation more lives annually than were lost during any one year of the late civil war. People drink such liquors "for their health," because, in times gone by, all physicians, in their ignorance of the dangerous nature, taught that it was a productive instead of a destructive, force. Ignorance, in medicine, is never bliss, neither is it folly to be wise. Ignorance permitted scurvy to make miserable sailors' lives. Wisdom blotted out the scourge. The men who have developed the knowledge of antisepsis are among the greatest benefactors of the race. They have made it possible to save many lives, especially in surgery and obstetrics, that otherwise would have been lost. Before the days of antisepsis a patient, after receiving the help of the then best-known agents, might die, but now should death occur from the same condition, it might be a life sacrificed by criminal ignorance.

Superstition and prejudice are the powerful offsprings of ignorance. The former permitted death to come, while trying to stay his hand by the noisy beating of drums and unintelligible mutterings. The latter sought by the persecution of progressive men, of whom Harvey, Jenner and Hahnemann were types, to prevent the adoption of newly discovered principles in surgery and medicine, to supplant theories. These persecutors of other days made a rut in which they traveled, and from the narrow depths of their position assailed with sarcasm, ridicule and all other means at their command, except honest investigation, hose who had discovered better methods of relieving physical ills, than the ones then in vogue. The physician of today has the lessons of history to warn him against too hastily either espousing or condemning new methods. To do this he must have great learning, and be an independent and courageous thinker. As was well said, hundreds of years ago, by that old philosopher Confucius "learning without thought is labor lost, but thought without learning is perilous." He must not stop with simply being an observer of facts; he must assimilate and make them part of himself. Patients often die because physicians have not the courage to act independently, they fear being called "quacks" which, defined according to the general understanding of the term, is one who does not follow the methods of those looked upon as leaders.

A third general cause of disease is vice. Vice, notwithstanding a popular theory to the contrary, in relation to drunkenness, is not a disease *per se*, but a destroyer of functions and organs in human life. Any voluntary function or desire, unless trained, or not confined to the use for which it was created, is a vice, a cause of disease. As instances, gratifying without limit the sense of taste causes many ills, such as impaired nutrition, functional derangement of the nervous centers, and the innumerable ailments invariably resulting from habitual use of alcohol, tobacco and other narcotics. The horrible specific diseases, with their far-reaching and pernicious entailments, are positively but a small part of the physical evils that come from unrestrained sexual passion. Teachers of social purity tell us of physical injuries, as well as moral evils, of this vice, and talk superficially about, or give puerile methods for its cure. But absolutely no progress will be made in curing many of the mental and neurotic diseases resulting from this vice so long as means for preventing conception are much sought after; so long as the parents will murder the embryo by trying to make themselves and the physician believe that failure of menstrual flow is due to other than the real cause. An offspring from such parents must be subject to a constant, undue strain on vital forces to overcome the depressing inherited mental tendencies. If, as has been stated, it is destructive to health to use an organ for any other purpose than that for which it was intended, then the use of the generative organs for other purposes than to produce conception, is harmful to the physical man. The Spartans, that

they might be a strong people, destroyed feeble children. If any great decrease in the number of neurasthenic cases is obtained it must be done either by killing a certain class of men, or impressing on their minds, deeply enough to carry conviction, the principle just stated, viz., *that an organ should be used only for the purpose created and that the sexual organs are to be used solely as a means of propagation.* Until this is done there will be hundreds of incurable nervous diseases and children with inherited vice, which is but another name for one of the general causes of physical and moral disease.

If it be true that a cheerful environment is conducive of good health, the converse, that depressing mental conditions, cause ill health must be equally true. Hopeful temperaments are not transmitted to beings whose conception is an accident and whose embryonic existence would be abruptly terminated were the intense desire of the parental mind gratified.

If idleness, ignorance and vice are some of the general existing conditions that result in impaired health and death, it is the physician's duty, if he aspires to rise to the highest conception of his work, to make constant efforts to change these conditions. He cannot prevent others from doing that which he countenances by doing himself. His influence in the state should be for the prevention and obliteration of these causes, for free schools, compulsory education, and for the prohibition of public institutions which invariably lead to vice.

To increase the knowledge of medicine and surgery, colleges are instituted, books published and medical societies organized. Today we are here for the purpose of promoting the work of the last named, and deriving the best obtainable results from it. How can it best be accomplished? By cultivating a wider and deeper interest in the society. This can be done by making it answer in the affirmative the first question of the times, viz.: Does it pay? It does pay if it be a place where clinical experience is given, where the latest and best methods of restoring health are explained, and where facts already known are corroborated. Too much can not be said in commendation of those who organized this society, and of those who managed and supported it up to the present time. Its work of making physicians more competent has been efficiently done, but until all homœopathic physicians in the state are members, and participate in the proceedings of this Association, its highest possibilities for disseminating truth have not been attained. All physicians, doubtless, have cases which are not improving as rapidly as they wish, and they want advice about them, or they desire a clearer understanding about some points pertaining to medicine and surgery. I believe, and recommend, that every member of this Association should have the opportunity of getting the desired information by being granted the privilege of asking one question of the society, such questions to be written, signed by writer and handed to the secretary, he to classify and distribute them to the chairmen of the several bureaux to which they properly belong. The chairmen, with the assistance of the secretary or president, to assign them to members to be answered during the time allotted the bureau.

This Association has a membership of about three hundred. What a vast clinic do these members hold every day in the year! What a grand opportunity to corroborate facts, to discover and to remedy defective methods, to make new and logical deductions! This knowledge should be made available to our membership. It can be done, I think, by setting aside a portion of the time to be occupied by its members in giving a part, at least, of this clinical knowledge. This is not intended to discourage writing of papers, but to encourage those who do not care to prepare them; to help forward the work of making medicine progressive.

There are two classes of physicians, viz.: the specialist and the general practitioner. We do not need any less of the enthusiastic help the former class has given the society, but a more universal help from the latter. They are the rank and file of the profession, battling with the every day disease. Upon the results of this continuous fight depends largely the future of homœopathy, whether it will advance or retrograde. Hence, the management and treatment of these common troubles, such, for example, as diarrhœa, especially of children, gastritis, pneumonia, scarlet fever, diphtheria, typhoid fever, and, in the surgical line fractures, especially Colles,' wounds, and other surgical work that the general practitioner must do, should receive careful attention. Therefore, because of its importance in promoting the practical usefulness of the society the suggestion that the knowl-

edge gleaned from practice be brought not alone in the form of scientific papers, but, also, delivered in speeches not to exceed two minutes' duration by any one member, is repeated.

In the make-up of bureaux the custom of appointing the chairmen by the outgoing president cannot be improved, but the members of the Association should notify the secretary upon what bureaux they wish to serve, and be assigned accordingly. This subject, the formation of bureaux, it seems to me, is important to further the educational work of the society. If the plan suggested is not endorsed, some other one that will more fully meet your approval should be adopted. In this, as in all other lines of work, the hearty coöperation of members is essential to the fullest attainable success.

Last year at the Springfield meeting effective work was done towards securing a new state insane-asylum, the patients to be placed under homœopathic treatment by graduates of homœopathic colleges. If we are to be successful in securing the hospital from the next legislature, steps must be taken at this meeting to bring the matter clearly and persistently before that body.

It is generally understood that the American Institute of Homœopathy will meet in this city next year. Let this live state society help make the Institute feel welcome by appointing a committee of three to formally invite it to come to this state and city, and also to perfect an organization, which shall have for its object the entertainment of the Institute while here.

One thought more: The papers and discussions of this society are valuable, and I believe should and can be made available for reference in the following manner: Empower the president to furnish the papers and proceedings, so far as recorded, to such journal as he may select, said journal to have the publication completed without expense to the society, in a series of consecutive numbers. I will not occupy your time to give reasons for this plan.

Ladies and gentlemen, this is the thirty-seventh annual meeting of a society organized for the purpose of better preparing men and women for the work of the greatest and grandest vocation possible for man to follow. Identified with its history are the names of those who, by their ability, have deservedly attained a national reputation among skillful physicians, and won the gratitude of mankind by their success in devising efficient means for alleviating human suffering. To be a member of such an organization is, in itself, a great honor, but to be selected as its president is an honor worthy any physician's ambition, and one for which I most heartily thank you.

Drs. L. C. Grosvenor, G. F. Coutant and E. L. Smith were appointed as a committee on the President's address.

The Committee on Publication appointed consisted of the President and Secretary, Drs. Ch. Gatchell, C. H. Long and W. A. Smith.

Dr. J. A. Vincent, Chairman of the first Bureau on the programme, not being present, the next Bureau, Obstetrics, was taken up, of which Dr. G. F. Coutant, of La Salle, was Chairman.

Dr. L. C. Grosvenor presented his paper entitled "Placenta-Prævia Cases."

Owing to the absence of Dr. H. M. Bascom, his paper entitled "Hemorrhage During Pregnancy," was read by Dr. G. F. Coutant.

Dr. Susan E. Bruce then read a paper entitled, "A Case of Delayed Lochial Discharge."

The meeting adjourned until 2 P. M.

AFTERNOON SESSION.

Called to order by President Weirick at 2:15.

Dr. Grosvenor's paper was placed before the meeting for discussion.

Dr. E. H. Pratt, of Chicago:—The paper spoke of the use of a silk handkerchief. Now, silk is a great hemostatic. I accidentally had my attention called to this fact, and since making the discovery, I have found that it is the best dressing for all wounds, and now I have China silk prepared for the dressing of wounds. Plastic operations are a failure generally on account of the hemorrhage. Since I found the action of silk as a hemostatic I am generally successful with operations the first time, where before using it, the second sometimes failed. I was sometimes unable to stop a hemorrhage without opening the entire wound, and losing the result of the work.

Dr. L. C. Grosvenor said:—Since writing this paper, some three or four weeks ago, I had a case come to me that had lasted three weeks under the care of a physician of another school, and I was called upon to look the case over. I took a quarter of a silk handkerchief and then tamponed the vagina with oakum, removing it two days later, and the hemorrhage was properly controlled.

Dr. Catherine J. Wells, Chicago, then read a paper entitled "Retained Placenta."

Dr. L. C. Grosvenor:—Dr. Wells' paper is remarkable in one way, in that it gives account of nearly a dozen cases of retained placenta, and the placenta was retained without harm from five days to five weeks. While I have been much interested in the paper I must say that the absorption of decayed tissue is a fruitful source of fever, and I do not believe it is wise for such teaching to obtain among the profession. She has been remarkably fortunate in the outcome of her cases. If you accept her paper you will have no use for what I give you now, but if you do not, it might be of interest. I was called by a physician who had a case of retained placenta and when I went in his arm was bare, and he had been laboring for the placenta for some time and failing to get it, sent for an assistant. After examining the case I administered chloroform, and then removed the placenta without difficulty. This is what I would impress upon you, that the circular muscle of the uterus has immense power. The first thing is to know what you are going to do before you begin, and use your hand, not your nails, as a soft curette, grasping the placenta and taking it away the first time. I cannot endorse the teaching that it is wise to wait for five weeks for the removal of a retained placenta.

Dr. C. J. Wells added, that in reference to the teaching of most of our writers on this subject, they tell us to remove these adherent placentas; and in the same breath they tell us we cannot do it. Thay tell us that at the very best, we can only remove a portion, allowing a portion to rot. My charge is this, that a placenta left intact has a better chance for separation, than where fragments of the placenta are left.

Dr. Lizzie P. James, of Springfield, read a paper on "Practical Obstetrics."

Dr. C. T. Hood:—I have found the Credé method a very easy way of expelling the placenta. As soon as the head is delivered, and you see the movement of the shoulders take place, put your hand over the abdomen and make a firm, quick effort on the top of the uterus and withdraw the child. Every time, the placenta will loosen and you will find it lodged in the mouth of the uterus and all that is necessary to do is to pass the two fingers around it so as to let a little air in and it will slip away. About the position in labor, I think that the best position I have ever found has been on the back, although I come across a good many women who prefer being on the side. In a few cases, I think the best position is on the knees by the bedside.

Dr. Bruce then mentioned that she had tried that position for two or three years and that in cases where the labor seemed much delayed had found it to be a very great help.

Dr. W. A. Smith:—Dr. Hood spoke about having no trouble at all with the placenta by adopting the method spoken of. I have tried this method and have never had a case of retained placenta in my life.

Mrs. S., living in Morgan Park, was taken sick with the usual symptoms of confinement. After a while the show came on and all went on normally, but I could discover what I supposed to be the head of one child and the part of another; therefore thought it to be twins, which proved to be correct. Just as the first child's head was ready to come the pains stopped, and in one solid hour there was no pain, hemorrhage, or anything. I then gave a dose of Cimicifuga. The pains came on and she gave birth to the first child. That child weighed 7½ lbs. In about 25 or 30 minutes the next pains came on and the second child was born, weighing 8½ lbs. Both presentations were normal. The pains then stopped and after the course of about one hour pains came on again and the after-birth was expelled. The after-birth weighed 7¾ lbs. It seemed to me the largest I had ever seen. It seemed to be perfect. This case went along and the lady is now well.

Dr. A. W. Swift, Belvidere, read a paper on "Anæsthetics and Instrumental Delivery."

Dr. R. N. Foster:—I suppose every physician who attends labor cases uses anæsthetics and instruments. The time has gone past when the matter can be discussed at all. The only question that would arise would be as to the frequency with which the instruments or the anæsthetics ought to be used. One physician will use the anæsthetic in every case of labor where the patient will have pain long enough to give the doctor time to give it. Another confines the use of anæsthetics only to cases that have very severe pain. In like manner some use the instruments whether they are needed or not, and others mistake the use of the instrument, so it is impossible to draw any conclusion in this line because the use of chloroform is not always chosen. If both are used properly, you may say of them that they will aid the great majority of cases of labor; they will usually facilitate labor

and will also avoid many cases of danger from exhaustion, as well as other dangers, but for my own part I have a rule that I have adopted regarding the use of both instrument and chloroform. I do not like to give chloroform where the pain is only to last a half hour or one hour and is moderate, because I think the woman is a little bit better without it, whether I can see it or not, and it is not the time when we care to interfere too much with the state of the woman's secretions, or the state of the blood, because of the peculiar liability of blood-poisoning at that time. It is a question also that will come up in every case, whether the anæsthetic will be liable to do more harm than good. I think each will have to answer that question for himself. On the other hand the skillful physician will deliver the woman and save her three hours' labor. It comes down to the individual skill and teaches you when to use the forceps and when not to use them. I only use them when the labor pains and the labor continues, but no progress is made, everything being ready for delivery. Then I begin to think it is time to aid my patient. If the progress is something I would call normal, if it does take an hour or two longer, I do not think that calls for the use of forceps. I use the anæsthetic in like manner. They are both very good things if they are well and judiciously used, but there is plenty of room for a good deal of latitude in the physician's opinion.

Dr. L. C. Grosvenor: — Regarding the amount of chloroform I give, will say that a two-ounce vial will carry me through on an average of three cases. In giving it as I do I get perfect relief from suffering, and never have vomiting as a result. I take a sheet of note paper and fold it up double, taking a handkerchief and sliding it in between the folds and raising it up have a little roof or shed which I put over the patient's face. I give this just before each labor. With this stiff roof over the face I tip my vial on it once (the handkerchief), this being sufficient, and there is perfect freedom for the ingress of fresh air. You can use chloroform in this way, only using a little, about ⅔ oz., on an average without harm to mother or child.

Dr. A. W. Swift:—In regard to giving chloroform to a lady during confinement I notice Dr. Grosvenor has changed his plan somewhat. The plan I gave is one that he taught. Take a piece of cloth as large as the hand and then in the center of that place a piece of paper and then put a few drops of chloroform on that and let the patient take it in her hand, and there is no other way I like as well. They will get enough to relieve the pain.

Dr. G. F. Coutant, LaSalle, then read a paper entitled "Obstetrical Experience."

BUREAU OF GYNECOLOGY.

Dr. S. P. Hedges, Chicago, Chairman.

The first paper was read by Dr. J. J. Thompson, Chicago, entitled "Uterine Fibroids."

Dr. E. S. Bailey:—I wish to talk to two points only: One the anatomical regression of the tumor under the use of galvanism, the other as to the length of time necessary to cure. It was my good fortune four years ago to take a course in Paris and also to renew the course last summer. I learned from Dr. Apostoli direct that he feels that American physicians especially have not understood his formulas in relation to the claims of cure of the tumors. In the administration of the galvanic current, the systematic treatment is the one that he relies upon to cure hemorrhage and arrest the growth. The relief of pain by the anatomical changes that take place is really a great good, and this has been accomplished. The second point that is very marked is that this can be done only by persistent treatment. Patience and outward activity and persistence on the part of the physician are absolutely essential. Do not give up the case in one, two or three months. Dr. Apostoli makes a definite arrangement with his patients that they are to be under his care for one year, and he is to have entire charge of their treatment as related to the fibroid tumor. One month to three months is all that Americans think they need to give to this kind of a case, while others think it may take a year's time at best.

Dr. C. T. Hood:—I wish to indorse what Dr. Bailey has said in regard to the length of time for treatment. I have treated uterine fibroids with good success, but not one of them has been relieved or cured within three months, and the average length of time is over fifteen months. For the work, the best galvanic battery that money can buy should be used, and the very best electrodes are necessary for thorough work. Many cases of hemorrhage will continue to an alarming extent. There is one remedy, and that is the oil of cinnamon. I give the oil of cinnamon in from three to fifteen drops in a capsule, and have never had it fail. It may not meet every case, but is well worth trying. Do not use the oil or the elec-

trodes until you have made a thorough examination. As to the strength of the current, my experience has been that by far the best results have been obtained by using alternate strong and weak currents. Where I give it once a week, I use from 120 to 125 milliamperes. I do not think that any good whatever will be done by using simply a vaginal electrode and a sponge over the abdomen. The sympathetic pains in the different parts of the body will be relieved by the galvanic battery. It is absolutely imperative that you get your intra-uterine electrode as near the tumor as possible and that you use as strong a current as can be borne without too much pain.

Dr. E. H. Pratt:—As the preceding debaters have omitted what I consider the most valuable remedy of all in this class of cases, I rise to mention it. It has been jocularly called the "rag baby." Of course its use is not applicable to intra-or extra-uterine fibroids, but to the intra-mural variety.

I hold in my hand one of the most valuable instruments for use in such cases. It is a new form of uterine curette, invented by Dr. F. D. Holbrook. It is hollow, and as the stream of irrigating fluid passes through the shaft it strikes the spoon of the curette and is thrown forward, and in this manner immediately washes out all debris loosened by the curette. The instrument is well poised and is so superior to other instruments that it must eventually supersede them. After dilating by means of graded sounds and then curetting the endometrium, the cavity should be well swabbed out and the entire cavity thoroughly and solidly packed with antiseptically prepared candle-wicking or gauze. The success and safety of the process depends on the thoroughness with which the work is done. The object of the packing is threefold. In the first place, by capillary attraction it removes all moisture from the endometrium, by pressing evenly against every part of the lining of the uterus, it attaches to itself numberless little fragments of debris which were not washed out by the douching and which cling to the packing and are removed with it later on, and in the third place it stimulates uterine contractions and thus reduces the congestion of the organ. A satisfactory manner of preparing the candle-wicking is to boil it for an hour in a solution of bichloride of mercury 1 to 5,000, and afterwards for an hour in sterilized water. It is then to be wrapped in bichloride gauze and laid by for the future. It has been my custom to permit the packing to remain from 24 to 48 hours, although in some cases it seems better to permit it to remain still longer. In a recent discussion of this subject by our allopathic brethren of New York city, in which many of the speakers favored the process and in which none opposed it as a measure for chronic endometritis, the time recommended for wearing it was much longer, most of the operators leaving it 15 or 16 days. This proceeding is not hostile either to the administration of remedies, the use of electricity or the employment of massage, but is a valuable adjuvant to the list of remedies, inasmuch as it corrects, not only endometritis and stimulates uterine contractions, but also renders the part much more susceptible to whatever other measures are employed. The only rule to go by as to the length of time for which the packing should be allowed to remain is to employ it to the point of symptoms of reaction, local and general. This will differ in different people. It may be necessary to renew the packing at longer or shorter intervals, according to the way the case behaves. Employ it thoroughly once and make use of medicines and electricity and continue these until improvement ceases. It may be weeks, it may be months, but when that time comes a repetition of the packing process will again institute a progress toward convalescence.

Dr. J. J. Thompson:—I do not know what others have succeeded in doing with the mild current, but I do know that I have succeeded in curing some very mild cases of fibroid tumors, and know of some other cases where the electrode has been used heroically, and there has been serious trouble and the electrode blamed for it. With a vaginal electrode you do not get near the tumor. You get nearer to it with the vaginal electrode and a sponge on the back than with the sponge on the abdomen. In regard to the treatment Dr. Pratt has spoken of I cannot recommend it too highly. I believe it to be a beneficial method of treatment to dilate the uterus and then cleanse it and then to pass the material up to the fundus and allow it to remain there. I think every intelligent physician must accept what Dr. Bailey has said.

Dr. Henry Sherry:—Had I been here before my remarks would possibly have been more in order than now, but for fear that I should lose the opportunity I want to say a word in reference to the washing out of the uterus with the bichloride of mercury. You will find that

it is condemned by many physicians. It is not so very long ago since I was an *interne* in Cook County Hospital, that we talked about anti-septic surgery, when members of this Association said we were talking about "bugs;" and now these very men talk in a very strange way about anti-septics. Would you think of using bichloride of mercury or carbolic acid in tuberculosis? The drug that you want to use there is Iodine, every time. Carbolic acid does very well for cleansing purposes, but Iodine serves better than anything else. The point that I wish to make is that some sort of discrimination should be used in the selection of the anti-septic.

The meeting was adjourned until 10 A. M. Wednesday.

Wednesday, May 11th.

MORNING SESSION.

Session called to order by the President at 10:20 A. M.

Dr. Weirick:—Are there any questions to be asked covering this Bureau? If any one has a question pertaining to a subject covered by the Bureau, he is at liberty to ask it and it should be done in writing and handed to the Secretary or Chairman. We will re-open the Bureau of Gynecology later.

The Bureau of Rhinology, Laryngology and Pneumonology was called, and Dr. Arnulphy read his paper entitled, "The Proper Use of Tuberculin in the Homœopathic Treatment of Phthisis Pulmonalis."

The Bureau of Gynecology was again opened, Dr. S. P. Hedges, Chairman.

Dr. A. G. Bebee read a paper entitled "Pessaries."

Dr. Wm. G. Willard read a paper entitled "Salpingitis."

Dr. Julia Holmes Smith read a paper entitled "Menstruation."

The Bureau of Rhinology, Laryngology and Pneumonology was returned to, and Dr. A. K. Crawford, Chairman, called upon Dr. G. B. Bushee, who read a paper entitled "Treatment of Nasal Catarrh."

Dr. W. A. Dunn then read his paper "The Care of the Nose in Children."

Dr. C. G. Fellows was called upon and read a paper entitled, "Post-Nasal Catarrh."

The meeting then adjourned until 2 p. m.

AFTERNOON SESSION.

Session was called to order by the President at 2:10 P. M., continuing with the Bureau of Rhinology, Laryngology and Pneumonology, Dr. A. K. Crawford, Chairman.

Dr. C. G. Fellows:—There is one thing in the first paper I want to criticise, and that is, the use of the nasal douche; it is to be condemned, and I think that the snuffing of salt water should be a great deal more condemned than that, as it may very easily cause inflammation of the middle ear.

Dr. W. M. Stearns next read a paper entitled "Some Clinical Cases."

Dr. W. A. Dunn:—How intimately do you associate hyperæsthetic rhinitis with hay-fever?

Dr. Stearns:—Hay-fever, as I understand it, comes under the head of hyperæsthetic rhinitis, but there is a form of hay-fever, or so-called rose-cold, which comes on any time of the year, and is due to an oversensitiveness of the membrane, for which we have to treat the condition. There is no difference except that the irritation there is likely to come any time of the year, but usually exists all the time. I have tried this remedy in hay-fever and know that it will prevent it. I have tried it in quite a number of cases, and for hay-fever have applied Acetic acid, but not during the attack, only between the attacks, from one season to the next, and with excellent results, and in some cases giving permanent relief.

Dr. W. A. Dunn:—This is one of my pet diseases. I have given a good deal of thought to hyperæsthetic rhinitis and believe I was the first to write on the subject two or three years ago. My idea is that hyperæsthetic rhinitis is a distinct disease, wholly separate from hay-fever. It exists the year around, or for months, and sometimes for a number of years. I believe that it is due to an enlargement or over-development of the terminal nerves. I believe the nerve filaments are enlarged and the epithelial cells becoming thinned, the smoke, dust, air, or anything of that sort, causes an irritation, while in hay-fever it is doubtless due to an idiosyncrasy to a certain pollen, and in the others to a simple irritation. Only by destroying those nerve ends is there any hope of relief. I have tried many things, but without success. In this class of cases I have taught that no local application should be applied, no spray or application of that nature used. It makes no difference how non-irritating they are, do not use them in these cases. To destroy the nerve ends does not require a very deep destruction of the tissue. I have used the electro-cautery in place of the Acetic acid, as it is quick, thorough and always successful. Any

acid will do as well, or any destructive agent, but the electro-cautery does the same work. This is practical and works very well in practice.

Dr. A. K. Crawford:—How about MacKenzie, who has written on hyperæsthetic spots and hay-fever?

Dr. Dunn:—He does not distinguish the different pathological conditions.

Dr. Stearns:—There is a difference in classification because there are differences in the leading authors. The leading authorities in the East think it is all of the same classification, but slightly different. I have had the same symptoms set up by simply a small spine of bone breaking into the middle or posterior part of the turbinated, but it does not belong to those cases of disease. The difference has been asked me between the application in this special disease of the Acetic acid and other acids, or the application of the galvano-cautery. I find in those diseases of the septum that the membrane is exceedingly thin, and I find that by the use of the Acetic acid only, the external layer is destroyed. I also find the acid to be all that is necessary to destroy or lessen the excitability of the ends of these filaments of the nerves. I use nothing that is stronger than the Acetic acid. Do not use it on the septum, for this particular disease. I do not believe in destroying the turbinated body by binding it down to the bone by the cautery.

Dr. W. E. Neiberger's paper, entitled "Some Observations on Pulmonary Phthisis," was read by Dr. Crawford, owing to his absence.

Dr. Arnulphy:—I dislike to take your time, but the paper only occupied eight minutes and I think there are a few moments left. I want to state most emphatically that there is no connection whatever between tuberculin and tuberculinum. The preparation I used was especially the sixth and the eighth. I made my preparation myself, but those who do not want to go to that trouble may get it from others. I also want to say that it would be entirely useless to attempt to treat ordinary cases.

The remedy first seems to take effect in cases of quick consumption, and those are the very cases that have baffled people up to this day. I do not know whether I am entirely mistaken or not, but think not. The result of the treatment has been perfectly astonishing to me, and I hope that those of you who can will get the proper preparation and have it on hand, if you should ever come across a case of tuberculosis, whether of the typhoid kind or the other.

Dr. A. K. Crawford read his paper entitled, "Sudden Death in Pneumonia."

Dr. Crawford then closed the Bureau.

Bureau of Ophthalmology and Otology was next called, Dr. F. H. Foster, Chairman.

Dr. C. G. Fellows first read a paper entitled, "Sub-Acute Catarrh of the Middle Ear."

Dr. A. B. Norton's paper, "Retinitis Albuminurica," was next presented by Dr. W. A. Dunn.

Dr. Foster next read a paper entitled, "Blepharo-Spasm."

Dr. J. H. Buffum next read a paper entitled, "The Phonograph in the Treatment of Ear Diseases."

Dr. C. H. Vilas:—I did not come prepared with any paper this afternoon, because I wish to speak on Dr. Buffum's paper. I regret that Dr. Buffum was limited as to time because I know that he would like to say much more. This subject is no new one, and it is not the first time it has been experimented upon. There have been many reports made as to its use. We can both speak from observation of what has been done, and I commend to you Dr. Buffum's paper. Some four or five years ago I wrote a paper and read it before the National Society, on Massage of the Ossicles; but our proof reader was not a specialist and wrote it, "Massage of the Auricles."

We have had our patients hammered, we have sent them to hear the wheels revolving in the mills and have endeavored in every way to get these sounds, and if it is impossible to get it by means of this instrument, we shall have to give it up for a time, but if successful with the phonograph let us all be thankful. Notwithstanding all these various instruments, I am going to keep right on studying and endeavoring to cure them with the homœopathic remedies.

The Bureau was then closed.

Bureau of Pædology, Dr. J. P. Cobb, Chairman.

Dr. Sarah W. Andrews read a paper entitled, "Cholera, or Cholora-Infantum."

The President put a motion that an evening session be held, beginning at 8 o'clock, which was carried.

Dr. J. P. Cobb:—I believe that one great thing in the disease of children is that we do not nourish our patients enough; we rely too much on the indicated remedies. I remember in treating a few cases of cholera infan-

tum where I used beef tea, and immersed my patient in it and nourished them in that way, and I believe it is necessary to keep up their strength by nourishment as well as to give them internal remedies. I have seen cases that it would have been impossible for them to recover simply by the internal remedy, by nourishment of this kind.

Dr. W. F. Knoll:—If we bear in mind the character of the disease, the rapid reduction of the forces by the very profuse discharges, and remember the exhaustion which follows other kinds of sudden depletion, as hemorrhage in any form, we must also bear in mind that it is necessary to supply this wasting of vital fluid. I class this form of cholera as a species of toxæmia, and sudden death is likely to occur from the lack of the proper amount of vital fluid. It is to my mind the greatest study to stop the opposite tendency, which is from the tissues towards the alimentary tract. I was very much interested in this paper because it brings out one of the common diseases.

I am satisfied that ptomaines are the cause of all these forms of cholera morbus, cholera-infantum and other conditions where there is an exhausting diarrhœa. I think that if we will look at the matter of food supply and the manner of taking care of those foods, that we will have no such thing as cholera-infantum.

Before anybody can treat these cases properly, he must understand the cause which produces it, and this brings us back to the first therapeutic law which was discovered in medicine:—Remove the cause and nature produces the cure.

Dr. N. C. Kemp read a paper entitled, "Phimosis."

Dr. E. H. Pratt related a case in which operation for phimosis in a young child was followed by recovery from a condition of extreme hydrocephalus.

Dr. H. P. Skiles related a case in which great benefit followed operation for phimosis. He said such cases could be multiplied. The moment you relieve the phimosis, that moment the patient will improve. These cases ought to be prevented and every intelligent physician ought to take the pains to examine boys to prevent all of these troubles, and it seems to me that within ten years we ought to have a defferent race from what we have today.

Dr. F. H. Foster:—I would like to call attention to the fact that there is living among us today, a race of people whose history is better known than any other peoples on the face of the earth, and who have been circumcised. If such great benefits are derived from circumcision, that race ought to have been a very superior race indeed. It ought to surpass all other races. What ought to be more evidence still is that the male portion of that race ought to be immensely in advance of the female in just these matters in nervous and physical health. The history of that race does not prove to us that it has had any such effect.

Although phimosis cases may occur justifying the practice, I think that perhaps out of one thousand cases, circumcision in about 99 is necessary. I would recommend that everyone look up that matter carefully, referring to the great example that is furnished you by the Jewish race, and tell me if you find in that race any such good results arising from circumcision as is claimed, and if so, why are not the males of that race far superior to the females? They are not.

Dr. Geo. A. Hall:—I rise to express my pleasure at the remarks of Dr. Foster. We are too apt to have hobbies. I believe that we had reflexes before this was in existence, and I think Dr. Foster's remarks are very appropriate. It was but yesterday that I was called to examine a man thirty-four years of age with the orifice so small the glans could not protrude more than a quarter of an inch. He said he had never suffered any inconvenience from it, but he wanted it remedied if it could be. I thought it was foolish for him to attempt an operation when there was no inconvenience from it, and do not think nine cases out of fifty can be found where reflex troubles arise. I can see no object in circumcising male children, except the fee for the physician, which is $5.00 or $10.00, and I believe it is performed many times when not necessary. Not more than a month since, I was called to see a child in a very critical condition, and the child came near losing its life from erysipelas; this child had been circumcised. I therefore wish to give my opinion against operating on all cases indiscriminately. We have chorea in females twice where we have it in males, and I do not believe that this practice is a necessity.

Dr. N. C. Kemp:—If the gentlemen who have spoken in regard to this paper had followed it closely, I think they would be of a different opinion. I do not recommend indis-

criminate cutting of the phimosis in every case, but recommend it where positive signs are for it, and I know from experience, as I have had many cases in my own hands that have been relieved of the various reflex nervous affections that you have spoken of. I think that many cases are operated on unnecessarily. It is not every boy that has a tight foreskin who suffers from nervous affections, but some who do are relieved by the operation.

Dr. S. E. Dunlap read a paper entitled "Cholera-Infantum."

Dr. J. P. Cobb next read his paper, "Tubercular Meningitis."

EVENING SESSION.

Called to order by the President at 8:30 P. M.

Bureau of Materia Medica, Dr. H. M. Hobart, Chairman. Dr. A. G. Downer's paper was read by title and referred for publication.

Dr. W. D. McAffee's paper "Therapeutic Hints," was read by Dr. H. M. Hobart.

Dr. Hobart next read his paper, "Verification of Symptoms by Clinical Cases."

Dr. G. F. Shears:—A gentleman came to me some six months ago with a persistent neuralgia, so persistent that he was unable to eat. It started, he believed, by the use of a plate. After consulting several surgeons in the city, all of whom agreed in the diagnosis of the case and advised a prompt operation, I removed the growth from the tongue, and he was immediately relieved. About two weeks afterwards this patient returned, and finding that I had not succeeded in curing it, I told him I did not feel like making any further operation without consultation, and upon Drs. Laning's and Foster's advice another operation was made, removing the growth, which gave him immediate relief. He did not pay the attention to it that he should and in a couple of weeks the patient commenced showing all the symptoms that he had previously, and he then placed himself under Dr. Laning's care, and I think Kreasote was the remedy and the patient was entirely relieved, and it never returned.

The Bureau of Surgery was now opened, Dr. H. V. Halbert, Chairman.

Dr. E. L. Smith first read his paper entitled "Aseptic and Anti-Septic Surgery."

Dr. W. S. White read a paper on "Surgical Cases."

Dr. L. D. Rogers read a paper entitled "Intestinal Surgery."

Dr. W. F. Knoll:—This paper brings before us a subject that has been thoroughly discussed since those experiments have been made, and Prof. Senn has reported his results, I am not so favorably impressed with this operation. The tendency of the doctor is to deviate somewhat from the original methods of Prof. Senn. I am satisfied now from the experiments that have been made, as far as I have been able to observe the operation, that the bone plates are not as valuable as other methods I refer particularly to removing the mucous coat. Instead of including all layers of intestines, I remove the mucous coat and stitch muscular tissue to muscular, from the outside. The old method consisted in first drawing the intestines out as far as possible, then stitch it from the inside, except the last few stitches, and these were continuous and included only the serous coat. In some instances mucous tissue fell between, and we know that it is utterly impossible to get any tissue to unite if there is a mucous membrane intervening.

In this new method one works from the outside, and he can bring muscular tissue against muscular tissue, if he first removes the mucous membrane. The use of hydrogen gas I do not have as much faith in as I did several years ago. We have tested the hydrogen gas and have not always been able to get the gas from the tube that was passed to the wound or from the mouth of the patient. I was called to see a patient who was suffering; there was the rapid pulse and everything indicating a perforation of the intestine, but the gas test gave us no positive intimation of the perforation.

I think that probably twenty cases of gunshot and stab wounds of the abdomen that we have had in the past year under my service and the service of the other men of our school on the staff of Cook County Hospital, we have had death from injury to other organs besides stomach or intestines, and that the gas would not diagnosticate. When the experiment works it is a very nice piece of experimentation, but it so frequently fails that it is unsafe to depend upon it as a final diagnostic test. In cases of typhlitis, with suppuration, nothing is as good as a hypodermic syringe. If a reasonably sized needle (hypodermic) is passed in here it will never fail.

Dr. L. D. Rogers:—I heard Dr. Senn defend his position a short time ago, and he still maintains that the hydrogen gas is almost a positive means of diagnosis and the best means we have of determining whether the gut is perforated or not, without laparotomy. The dissecting of the mucous membrane back is a good point. That there is danger

of infection by bringing the mucous surface in contact with the peritoneum has been well established. The hypodermic needle affords an excellent method of determining the presence of pus in a suspected abscess from appendicitis. I like the raw-hide plates because they are very quickly prepared and are inexpensive and can be kept on hand.

Dr. F. E. Nichols read a paper, entitled "Neuromata-Case."

Dr. N. P. Smith read a paper on "Burns and Scalds."

Dr. Knoll:—I was going to come up in defence of the poultice. There is a greater worth about it, perhaps, than many things used in surgery. It is not usually known or usually acknowledged, but it is a fact that there is nothing more thoroughly aseptic than a flaxseed poultice in antiseptic gauze. It is for that reason that at one time this was considered the best dressing of all dressings, and for a long time was used with great success. There is nothing that will give your patient so much relief or give it so quickly and heal up the wound as a good flaxseed poultice wrapped in gauze. This poultice ought to be considered in modern surgery, and I think it always will be. In burns it is especially valuable if there is much charring of tissue or inflammation. I respect the McBurney treatment, but in the severe cases the poultices must not be forgotten. Probably, as the reader of the paper has said, there is no surgical department in which more villainous dressings have been applied, than in burns and scalds. I believe they can also be treated successfully by the application of lymph directly to the part, and gutta-percha. There are some persons in whom Iodoform causes severe pain, and in such cases you may use Boracic acid with very good results.

Dr. E. S. Bailey:—It sometimes happens that at the time of these accidents of burns and scalds, the immediate attention given the patient adds very materially to the benefit to be derived from the after dressing. I was called hastily to witness a very extensive burning, caused by the explosion of a gasoline stove, in which the hands, arm, face, etc., were all burned, and the hair even burned from the head. I found that the patient's hands and arms had been immersed instantly in the full strength solution of alcohol. The pain caused by the alcohol was very great for the moment when the hands were plunged into this liquid, but instantly the pain left. The Boracic acid was applied and gauze placed over the wound, and the final results were satisfactory.

Dr. W. F. Knoll read his paper entitled "Indications and Methods for Resecting the Knee Joints."

Dr. G. F. Shears read a paper entitled "Report of Cases."

Dr. W. F. Noyes:—I was present at this operation and assisted. I will simply add to these remarks, and also state, being house-surgeon of the hospital at that time, I saw the patient before the operation, and the rapidity of the pulse was not very marked. The patient now has full use of the arm.

Dr. E. H. Pratt next read his paper, "Orificial Surgery."

Dr. Geo. A. Hall read a paper "Tumors of the Mammary Gland."

The Bureau of Surgery was left open until the next morning. Adjourned.

Thursday, May 12th.

MORNING SESSION.

Session called to order by the President at 10 o'clock.

Dr. H. V. Halbert read his paper entitled "A Study of the Prostate."

Dr. F. E. Nichols:—Within the last year or two I have been considerably troubled with cases of chronic irritability of the prostate which have had a great deal of difficulty in passing urine. The stream would start, stop, start again, etc., and finally the patient would be able to urinate. There has also been a good deal of irritability in the prostate and the urethra. One would think that these cases would be relieved at once by treating with sounds, but in some the passage of the sound seems to do no good. I have seen several of these cases in young men, men of forty-five, too young to have the old-man condition of the prostate. In those cases applications, as the doctor has suggested, through the rectum have been of benefit, but there are several remedies, and among others I want to call your attention to Gelsemium, which will reach those cases where there is comparatively little benefit secured from the passing of the sound. In chronic irritability there is sometimes a condition of hyper-sensitiveness. I would also like to impress upon you the value of Gelsemium in these cases. The Gelsemium will reach the fibres of the small muscles, while Nux vomica will reach the larger muscles, or centers of the muscles.

Dr. Evans:—I want to emphasize the use

of Gelsemium for irritable prostate. I make the application on cotton and with splendid results.

An Auditing Committee was next appointed, consisting of Doctors Coyner, Nichols and Butler.

Bureau of Clinical Medicine was next in order, Dr. J. S. Mitchell, Chairman.

Dr. J. K. Eberle first read his paper entitled "Effects of Gelsemium in Parturition."

Dr. J. C. Rogers:—Several years ago in consultation with a physician of this city, he called my attention to the use of Gelsemium in a case of convulsions after confinement, and found it to be of great service.

Dr. Evans:—I should like to ask a question in regard to the effects of Gelsemium, and the distinction between that and Belladonna. I have used Gelsemium, where I had a relaxed condition, and where I have had a rigidity have used Belladonna. I have sometimes saturated a piece of cotton with Belladonna and inserted it with good effect.

Dr. Hale:—I had a case this morning and cannot tell whether it was a rigid or sympathetic condition. The os was hard and rigid. I gave her a double dose of Gelsemium and in an hour the child was born.

Dr. Duncan:—My indication for Gelsemium is where we have a rigid os, but where we have pain there is an increased contraction after the pain has subsided. Where we have those spasmodic pains coming rapidly, and instead of a dilatation all at that time we have a rigidity, that is where I give Belladonna. It seems to me that a Gelsemium patient is not a nervous patient, but is more stupid and indifferent, but where we have a restless condition I would advise the use of Chamomilla.

Dr. J. K. Eberle:—I have used Belladonna locally. That was when I was in the old school; I had 14 years of that. I used it by putting a small portion on my finger and rubbing it around the os when it was rigid.

Dr. R. N. Foster read his paper entitled "Typhoid Fever."

Dr. J. A. Vincent:—I might have misunderstood Dr. Foster, but I want to ask him a question. I understood him to say that no person would have typhoid fever more than once. Did I understand correctly?

Dr. Foster:—A patient may have 2, 3, 4, 5, 6 or 7 courses of typhoid fever at once, following each other rapidly. He can never have it again during his life whether he has it once or seven times.

Dr. Vincent:—I have treated the same patient through severe attacks of typhoid fever two or three times during the last 20 or 25 years.

The discussion was closed.

Dr. E. M. Hale read his paper entitled "The Rational Therapeutics of Constipation."

Dr. W. S. White, "The Bicycle in Medicine

Dr. H. Crutcher read a paper entitled "Erysipelas."

Dr. M. J. Hill read a paper on "Dysentery."

Dr. O. W. McMichael read a paper on "Epithelioma."

Dr. C. E. Laning not being present his paper, "The Value of Reflex Symptoms" was read by title and referred for publication.

Dr. T. C. Duncan read a paper on "The Climate Remedy."

Dr. A. K. Crawford:—This matter of climate I leave fully in the hands of Dr. Duncan. I have traveled from Labrador to Florida, from Mexico to Alaska, and I know something personally about the climates of this portion of the hemisphere. In a recent article which I read with a great deal of pleasure, and a portion of his paper which I heard this morning I am very much pleased to find the Doctor arriving at the same conclusion regarding the Slope which I arrived at about five years ago. He tells me that the physicians now agree with him that it is not a place for phthisis. Five years ago they would not admit it although I tried to ram it down their throats. There are climates there which are good for tubercular subjects, but they are in portions not inhabited, and therefore it is no place for a consumptive to go. This is for the doctor living in Illinois where there is a great deal of exposure, where there is every tendency to pneumonia. Whether they may have one, two or three attacks, and after recovery from any of them, for that individual I know of no country where they can do so well as in Southern California, between the valleys from Los Angeles to San Diego, or any where you please. But a tubercular subject will simply go through his time in such a way that it is perfectly alarming. The Doctor's observations on that are right to the point. In New Mexico is where we are going to find our climate for tubercular subjects, and have some hope of their recovery.

Dr. E. M. Hale:—I am much obliged for the information Dr. Crawford and Dr.

have given me in relation to the change of feeling. Five years ago I wrote a series of letters regarding this, and spent several months there, and was warned that it would not be a safe place for me to go back to again. After this information, think it would perhaps be safe for me to return.

Dr. J. S. Mitchell read his paper entitled, "Empyema."

Dr. Whipple:—Those of you present at the meeting three years ago will remember that I reported a case of empyema. The patient was about fourteen years old and was of a consumptive tendency, and about the whole family had tubercular troubles. It was starting out as an acute pleurisy, resulting in infiltration, and in twelve days there was pus in the pleural cavity, and it seemed that he could not live twenty-four hours longer. When I returned I made a free incision between the fifth and sixth rib, and fully three quarts of purulent matter came out; I then put in a tube. The temperature came down and the patient did very well for two days, but still I could not wash the cavity clean, and then I made an incision lower down and washed from one opening to the other. I used peroxide of hydrogen most of the time, and the patient made a good recovery in a short time and is now living, well and happy.

Dr. W. F. Noyes:—This paper suggests a case which we had in the hospital last winter. A young man about 30 years of age was the patient. He had empyema, and when he came to the hospital was in a most deplorable condition. The discharge was of such quantity and so foul smelling that it nearly drove us all out of the hospital. By the treatment with peroxide of hydrogen this discharge, which amounted to fully one quart per day, was reduced to a very small quantity.

Bureau closed.

The President called upon Dr. J. S. Mitchell, Chairman, to report concerning the World's Congress.

Dr. Mitchell:—The report which I have to make concerning the World's Congress Auxiliary of Homœopathic Physicians and Surgeons is brief. The Congress of Homœopathic Physicians and Surgeons, which it is proposed to hold, is under the auspices of the World's Congress Auxiliary. This is an Association which is authorized and supported by the Exposition. It has also been sanctioned by the U. S. Government, and a circular has been sent to all foreign governments, and an application has been made for its expenses. This committee has appointed a local committee, of which I am Chairman. They will have in charge all matters pertaining to the Congress.

It should be distinctly understood that this committee has nothing whatever to do with matters concerning homœopathy within the Exposition grounds.

No officer of the Auxiliary shall have the power or the privilege of making any appointment or making any motion in regard to those matters, so the Association through its own committee must attend to that. We desire on the part of the Congress to have the largest representation of homœopathy that has ever been held, and to this end we desire the active, hearty co-operation of all our Societies. There are over 1,000 homœopathic physicians in the great State of Illinois, and you can see what a force can be brought to bear by the Congress alone. There is a Woman's Congress, of which Dr. Julia Holmes Smith is Chairman.

A separate preliminary circular will be issued by the Chairman of this Congress and the preliminary address of my committee is in print and will soon be issued. While the Woman's Congress will issue a separate address, it has been decided to hold only one Congress, for men and women. The Exposition management proposes to furnish quarters for holding the Congress. These are to be held in a large building which it is proposed to build on the lake front, on the site of the old Inter-State Exposition building. It would be in order therefore for the State Association to appoint a committee which shall work in company with a committee from all other local societies in the state, and this committee should also have powers to attend to the other matters of the Exposition.

Dr. Duncan:—I move that the President appoint a committee from this Association and the homœopathic physicians throughout the State to co-operate with the local committee from the World's Congress, during the World's Fair of 1893.

This motion was seconded by Dr. Crawford, and carried.

A motion was made by Dr. Pratt that the American Institute be invited to meet in Chicago next year, which was carried.

Dr. Mitchell:—We ought to have a motion made by some one not connected with the committee, that this State Society be empowered to look after matters connected with the Exposition itself. We shall need an

exhibit there, and many other matters will also come up.

A motion to this effect was made by Dr. Whipple, which was seconded and carried, that a committee be empowered to look after Exposition matters in the interest of Homœopathy.

The Session now adjourned.

AFTERNOON SESSION.

Session called to order by the President at 1:45.

The Bureau of Sanitary Science was opened.

Dr. F. W. Gordon read a paper "Disease Annihilation."

Dr. Lucy Waite:—I agree with all the positions taken in this paper, but feel that it is hopeless to accomplish anything by legislation. Physicians make their living and that of their families off of the people who are sick. Certainly some regulation must be introduced in order to make any reform, under our present system. I think the matter of women's clothing should be taken up. The present idiotic fashion of trailing dry goods through the dirty streets and through cars which are strewn with tobacco and other filth, is one of the most unsanitary, and it arouses my indingation.

Dr. C. N. Hazleton read a paper entitled, "Notes on Sanitary Science and Hygiene."

Bureau closed.

Drs. Rogers, Bailey, Vincent, Haynes, Whipple and Gordon were appointed to represent this Association on the Columbian Exposition Committee.

Report of the Committee on Publication, Dr. Dunn, Chairman.

The Committee has decided to submit to the Association this report: That papers read become the property of the Association, to be placed in the hands of the Publication Committee, consisting of the President, the Secretary and Dr. Long; the committee to have entire discretion and control of the matter of publishing the papers and proceedings, and to select for that purpose some homœopathic medical journal published in Chicago.

This resolution was unanimously adopted.

The hour appointed for the election of officers having arrived, this order was taken up.

Dr. J. S. Mitchell:—Ladies and Gentlemen of the Association:—I rise to put in nomination a member of the Association who has long worked with us, one whose efficient labors have always commended themselves to us; a gentleman who has made his impress upon our school as a teacher of homœopathy, and in many other respects. Possessed of these qualities, I ask your suffrage for Dr. A. K. Crawford, of Chicago. In making this nomination, it gives me pleasure to say that it marks a new era of homœopathy in Chicago and in the State. It means that the profession will work hereafter in all general matters concerning the interests of our school as one man (applause); that we shall place our State in the councils of homœopathy in the position it belongs, and that we shall hereafter have the largest and most enthusiastic and harmonious meetings of any State Association in the Union.

Dr. Vincent:—In seconding the nomination of Dr. Crawford, Dr. Mitchell has said all that I would say, and all that I have to offer now as a member coming from a distance, is that we most heartily indorse Dr. Crawford and all that has been said of him.

Dr. A. K. Crawford, Chicago, was unanimously elected President of the Association for the ensuing year.

Dr. Crawford:—Ladies and Gentlemen:—I cannot tell you what a surprise this matter of being elected to the presidency of this Association is to me. The idea of being nominated by my friend Dr. Mitchell in so graceful a speech, was something that I did not expect. It is something I am very grateful for, as I am for the election. What he has said in his remarks in regard to the union of the profession in Chicago, is, so far as I know, an absolute fact. We have not only this year, but last year worked together on the same bodies, and for the same general good. We were together last year before the committees of the House and Senate. Not only that, but I hope to do very much more with him in the future. I am now in two different bodies with him, in both of which cases he is the Chairman. One of those is the chairmanship which Dr. Mitchell holds of the next great world-wide Congress of homœopathy, which is to be held here next year. To be the President of this organization means that I shall be still more closely associated with him in that work.

Dr. F. E. Downey, of Clinton, was nominated for 1st Vice-President, by Dr. Vincent, and was unanimously elected.

Dr. Lucy Waite was nominated for 2d Vice-President, by Dr. Buffum, and unanimously elected.

Dr. W. A. Dunn was nominated for Secretary, by Dr. Buffum, and unanimously re-elected.

The Secretary then read the Constitution.

A motion was made by Dr. Fellows that there be annual dues of $1.00 per year,

Dr. A. A. Whipple:—I think $2.00 annual dues is small enough.

Dr. W. A. Dunn:—We have been here three days without a banquet. This Association must be fed next year, and every other year. We should have at least a collation banquet.

It was voted that the annual dues be $2.00 per year.

Dr. Whipple said we should not always meet in Chicago, and moved an amendment be made to the constitution to that effect.

Dr. Vincent:—I was a member, twenty years ago, when the society met in Chicago every year. We think it is right that the society should do a little missionary work, and meet in Bloomington, Springfield or some other town in the State. The meeting that was held at Springfield had a powerful influence over the people there.

Dr. Weirick:—I think it would be the best plan for the Association to decide from year to year where they shall meet, and that an amendment be made to the constitution to that effect.

This motion was carried.

Dr. L. N. Grosvenor was elected Provisional Secretary.

Dr. A. A. Whipple was elected Treasurer for the ensuing year.

The Board of Censors, Drs. Duncan, Hill, and Kenyon were re-elected.

Dr. Vincent:—According to the amendment made to the constitution, we shall now decide where we shall hold the next meeting. I make a motion that it be held in Chicago next year.

This motion was carried.

The Auditing Committee consists of Drs. Nichols, Burbank and Butler.

The Bureau of Pathology, Physiology and Histology was next in order.

Dr. H. N. Lyon, Chairman, being absent Dr. Bailey acts as Chairman.

Dr. Lyon's paper "Diseases of the Parovarium," was read by title.

Dr. H. R. Wood not being present his paper was read by title, "Consumption—Its Nature and Natural Cure," and referred to the Committee on Publication.

Dr. O. P. Blackley read a paper on "Lymph Circulation."

Dr. E. S. Bailey read his paper entitled "The Pathology of Endometritis.

Dr. W. P. McCracken read a paper on "The Physiological Function of the Small Intestines."

Bureau closed.

Bureau of Medical Legislation, Jurisprudence and Education, Dr. J. A. Vincent, Chairman.

Dr. Lucy Waite read a paper entitled, "The Relation of Homœopathy to the Various Systems of Therapeutics."

Dr. Dunham's paper is read by title, "The Attitude of Old-Line Insurance Companies to Homœopathic Physicians as Medical Examiners," and referred to the Committee on Publication.

Dr. Vincent read his paper entitled, "State Medicine."

Dr. A. K. Crawford:—I was very much pleased indeed to hear Dr. Vincent's paper in full. I know what all the members of this Association do not know, and that is something of the enormous work that Dr. Vincent and Dr. T. C. Duncan have done with the legislation, in and out of the Capitol building. This does not give us an idea of one thousandth of what they have done for the Asociation, for the fraternity in the State of Illinois. The first great subject was their trying to get a bill through for an insane asylum, but that their work stopped there, would be but stating half. I think that from now until the session meets again in Springfield that this will be a success. I mean that every member of this Association should go to his home and find out who are the candidates for governorship, and you can get a promise from him before he gets his position a great deal easier than you can after he attains it. Make him promise that he will favor an insane asylum worth half a million or more, to be under the medical control of the homœopathic profession.

In regard to the appointment of separate examining boards, Dr. Vincent knows better than I do. I can see all the dangers that might come if we had simply a board of allopathic physicians against us.

Dr. T. C. Duncan:—Those of you who have been in the war know pretty well what it is to have the enemy on both the right and left. Last year's work was but preliminary, and yet we accomplished a great deal. This year we will have more time to see every

member of the legislature personally, and get a pledge that he will, if he can, support us in our efforts and we can get through the legislation that we want.

Dr. Weirick suggests that Dr. Vincent be appointed Chairman of the Bureau of Legislation.

Dr. Vincent:—I have served that bureau many years and do not care to undertake it again, therefore beg you to excuse me.

Dr. Crawford:—You will remember what Lincoln said—There is no time to change horses while crossing a stream—Dr. Vincent must not back out now, as he wants to have some credit for putting that bill through.

The Auditing Committee now read their report, which was adopted.

The following physicians were appointed chairmen for the several Bureaus:

Medical Leg., Juris. & Ed., Dr. J. A. Vincent.

Obstetrics, Dr. A. A. Whipple.

Gynecology, Dr. E. S. Bailey.

Rhin., Laryn. & Pneumonology, Dr. W. A. Dunn.

Opthalmology & Otology, Dr. J. H. Buffum.

Pædology, Dr. C. B. Kinyon.

Materia Medica, Dr. A. W. Woodward.

Surgery, Dr. W. F. Knoll.

Clinical Medicine, Dr. E. F. Nichols.

Sanitary Science & Hygiene, Dr. H. Crutcher.

Pathology, Phys. & Histology, Dr. W. G. Willard.

Medical Literature, Dr. W. A. Smith.

Neurology, Psychology, Elec., Dr. C. T. Canfield.

Necrology & Statistics, Dr. T. S. Hoyne.

The following delegates were appointed to visit other State Associations.

Wis. and Mich., Drs. Cobb, Pratt and Dunn.

Kentucky, Drs. E. S. Bailey and Grosvenor.

Indiana, Drs. Dunn and H. B. Fellows.

American Institute of Homœopathy, Drs. Dunn, Bailey, Smith, Knoll, Whipple, Bascom, Weirick and Dr. Sarah Andrews.

Dr. Hood, Chairman of the Bureau of Neurology, Psychology and Electrology, read his paper entitled "Case of Trephining."

Dr. W. F. Knoll:—I want to impress upon you that a patient should be kept perfectly quiet after those cases. The patient I refer to was placed in a room at the hospital where she could be kept quiet, but she would walk around and finally she selected a room opening into the amphitheatre, and one day I found her watching the patients going in and out.

She wanted to see and hear all she could. The five senses ought to be shut out, so the patient do nothing that would excite the brain.

Dr. Crawford:—The point that Dr. Knoll has given has been dwelt upon to some extent by an Englishman by the name of Jackson, and therefore it is called Jacksonian Epilepsy.

Dr. Bailey read his paper entitled "Faradic Current in Pain."

Dr. C. M. Haynes read her paper entitled "Electro-Therapeutics."

Dr. C. T. Hood next presented his paper, "Insomnia."

The Treasurer's report was next read, a balance being left in the treasury of $54.69.

The report was accepted.

Dr. Dunn made a motion that a vote of thanks be extended to the proprietor of the Tremont House for his kindness in tendering the use of the room, and that $5.00 be given to the porter.

Report of the Committee on President's Address.

Your Committee cordially indorse the most excellent ideas and suggestions expressed by our honored President in his address, and we know the Association will cordially second us in recommending it to publication and wide circulation. Respectfully submitted,

E. L. SMITH, M.D.

L. C. GROSVENOR, M.D., Chairman.

Adjourned.

A Case of traumatic tetanus is reported in which a cure was effected by Bacelli's method of hypodermic injections of carbolic acid. The patient was a boy aged nine, who had fallen on his right knee, bruising and slightly grazing the skin. Eight days after the injury he developed well-marked symptoms of tetanus. He was treated with injections of a 2 per cent. solution of carbolic acid repeated every six hours, opiates being given internally. The boy's surroundings were very unfavorable, as he was one of a large family living in a miserable hovel, which was shared also at night by a mule. In spite of this an improvement in the symptoms was noted after the first few injections. On the fifteenth day the patient recovered the power of mastication, and after four weeks' treatment he was completely cured.—*Brit. Med. Jour.*

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CH. GATCHELL, M.D., *Ann Arbor, Mich.*

OBITUARY.

IT is with much regret that we are called upon to announce the death of DR. CHARLES E. LANING, late Professor of Practice in Hahnemann Medical College and Hospital, of this city. The profession of Chicago will feel deeply the oss of one of its brightest members, who had made for himself a place that it will be hard to fill.

MARRIED.

The marriage of DR. H. V. Halbert to Miss ABBIE MAY SHERMAN, June 2, 1892, is announced. Our sincerest congratulations are extended to Dr. and Mrs. Halbert.

PERSONAL.

DR. J. R. KIPPAX will be absent from the city until July 16.

DR. W. A. DUNN has moved to new offices in the Bay State Building, 70 State street.

DR. W. F. KNOLL has moved to 740 Washington boulevard, and associated with himself DR. S. P. MCKINNEY.

DRS. J. H. BUFFUM and W. M. STEARNS have moved their offices to the Venetian Building, 34 Washington street.

BOOK NOTICES.

A MANUAL OF DISEASES OF THE NERVOUS SYSTEM. By W. R. Gowers, M. D., F. R.C.P. Second Edition, Revised and Enlarged. Vol. I. Philadelphia, P. Blakiston Son, & Co., 1892.

It has been said of this book that "it is the most clear, concise and complete text-book upon diseases of the nervous system in any language." This opinion we are fully prepared to indorse. The new edition has much additional matter, so that it is necessary to bring it out in two volumes, instead of one. The favorable opinion that we expressed of the first edition, we are fully prepared to repeat. The entire work has been increased by the addition of one hundred and fifty pages; very many parts have been rewritten. In its new form it has been brought right up to date.

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Our Triturator is the result on our part of much experimental labor and great expense, and we regard it as fully equal if not superior to any in use.

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Geranium Compound Suppository, for most Uterine difficulties, from a formula by Dr. Hale, is attracting much attention. Send for descriptive circular. Retail price, $1.00. To physicians, 75cts.; or one dozen boxes for.....$6 00

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A Discount of 20 per cent on Books to Physicians.

GROSS & DELBRIDGE, 48 Madison Street, Chicago.

THEY SAY

THAT exchanging compliments is like swapping lies.

THAT papers should be short and discussions long.

THAT the Detroit physicians "did themselves proud."

THAT the Michigan meeting broke all previous records.

THAT there is no usch thing as a middling good egg.

THAT the fellow who agrees with us is a splendid talker.

THAT the small-pox is breaking out again, and it is pit-iful.

THAT if you want to keep up with the times you must go slow.

THAT the child is father of the man and boss of the woman.

THAT man born of woman is of few days and full of schemes.

THAT every man has his weak side, and some have two or three.

THAT it was the largest meeting ever held by the Illinois Association.

THAT the only way to get some people to do a thing is to do it yourself.

THAT the real danger of influenza begins where most people think it ends.

THAT because talk is cheap is no reason for boring people with cheap talk.

THAT the skies have wept so much this spring that they have become hysterical.

THAT theoretically one man is as good as another, but practically it's a lie.

THAT a man who is devoid of imagination would make a good hitching-post.

THAT eighty-five new members were added to the rolls at the Chicago meeting.

THAT the young lady without an engagement ring has nothing on hand to speak of.

THAT the prospects for frog-farming were never so good as they are this season.

THAT in order to be happy you must take things as they come, and let them go in the same way.

THAT to be perfectly proportioned a man should weigh twenty-eight pounds for every foot of his height.

THAT the tramp who was asked why he didn't wash his face said he was too busy scouring the country.

THAT it is easy enough to regulate our own conduct, but it is a terrible struggle to keep other people straight.

THAT it is risky to prophesy; if you prophesy wrong, nobody will forget it; if you prophesy right, nobody will remember it.

THAT if any man should happen to reach perfection in this world he would have to die at once if he didn't want to feel lonesome.

THAT there is always someone to blame when things go wrong, and there is always someone to see that the blame is properly applied.

THAT one of our exchanges publishes an article in which the author argues that there is no such thing as a prostate; on the next page is an article on enlargement of the prostate.

THAT a German anatomist has just announced the fact that after a careful examination of woman's knee he finds that it is unfitted for maintaining a standing position, and it is proposed to post this up in the street cars of Chicago.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

OL. X. CHICAGO, JULY, 1892. No. 7.

CH. GATCHELL, M.D., EDITOR.

HE LATEST REMEDY FOR HERNIA.

In the medical profession, as well as in the orld of business and finance, things seem to running to trusts, syndicates and corporaons. DR. KEELEY establishes "branch intutes," and is said to have recently sold to English syndicate the "right" for England d France for the sum of five hundred thoud dollars.

The latest corporation of this kind that has peared in Chicago is the O. E. Miller Comny, which has "branch" establishments in troit, Salt Lake City, Denver, Omaha, St. uis, and in various other parts of the ntry. This company has as its specialty e cure of hernia. They guarantee to make adical cure in every case that they undere. So confident are they of the success of ir method that they engage to refund all ney paid unless a cure is effected. They te that there is no cutting, no "operation," injection, and no detention from business inconvenience of any kind.

The method of treatment pursued by this npany consists in the use of a new and imved "appliance," which resembles, in some pects, the ordinary double truss. It differs m it in having no pads behind for counterssure. The arms pass around the body y low down, just above the great chanter of the femur, embracing the teal muscles. The retaining pads are ached to a rigid steel bar which passes oss the lower part of the abdomen just ve the pubes. Pressure upon the hernial g is exerted by a pad which plays upon a ed spring which is contained in a small al cylinder.

The special advantages claimed for this "appliance" are lightness of construction, no pressure by counter-supports over the region of the kidneys, and ease and comfort in wearing by reason of the direction in which the pressure upon the hernial ring is exerted. With the "appliance" they supply a preparation for external application which, it is claimed, possesses great penetrating and healing properties, thus aiding in the cure.

By the method described, the O. E. Miller Company doubtless cures many cases of hernia. The "appliance" that they use seems to be very effective in accomplishing the desired object—the retention of the intestine and the support of the weakened abdominal wall. As the profession well knows, this, in many cases, is followed by permanent recovery.

A MONUMENT TO HAHNEMANN.

It is fitting that America should erect a monument to HAHNEMANN.

Here is the scene of homœopathy's greatest triumphs. Here, as in no other country, do colleges and hospitals, and an appreciative people, bear witness to the truth of *similia*, and the power of HAHNEMANN'S genius in establishing it as a great system of medicine.

At the Washington meeting the sum of one thousand dollars was raised towards a fund for the purpose indicated. The members of the profession of the United States are called upon to contribute to this object. The response should be prompt and generous.

Contributions may be sent to T. FRANKLIN SMITH, M.D., 264 Lenox Avenue, New York, Assistant Treasurer of the American Institute of Homœopathy.

FICTION WITHIN FICTION.

The writer of a recent work of fiction has put into the mouth of one of his characters the following words:

Compare our brawny, long-lived ancestors with the puny generation of today; the effete, dissipated, degenerated, and nervous wrecks of the so-called upper classes, and the weak, bloodless and scrofulous hordes of the masses, and you will not only see that medicine is in its infancy, but also that humanity is driven by prevailing conditions to physical degeneration.

The chief fault to be found with this statement is that it is not true.

This writer should have known that the human race is not degenerating. He should have known that today there is less acute disease, less chronic ill-health, and that people are longer-lived than ever before in the world's history. He should have known, before attempting to write as he did, that the average of human life is increasing at the rate of ten years a century. He should have known that the men of today are taller, heavier, have larger frames and are better muscled than were their early progenitors. He should have known that the women of the present day—notwithstanding the doleful cries of the pessimists—enjoy better health and have greater physical endurance than their great-grandmothers. He should have known that the armor worn by warriors of old is too small for those warriors' descendants, and that the stone sarcophagus of a Rameses is not large enough to contain the body of a latter day man of average size.

All this the writer should have known.

These changes in the health and longevity of the race have been brought about by the use of better clothing, better food, better habitations, improved sanitary conditions, and more rational methods of the treatment of disease. But there is still another cause for this improved state of physical well-being which has attracted but little attention. It is well set forth by a writer in the London *Spectator*. This writer says that he is "sure that the people of the well-to-do middle class have become decidedly bigger, healthier, and, as regards the young women, taller than was the case forty years ago."

This favorable change he attributes, in the main, to the use of better food and a more liberal supply of the same. But, in particular, this writer dwells upon the important influence exerted by a better diet for infants. He states, what is undoubtedly true, that the favorable start in life that the child gets by reason of improved dietetics in its early months and years has a lasting influence in producing a being possessing better health and destined to attain a growth of body exceeding that of its progenitors.

This writer says, what should go without the saying, that nothing improves the physique like good milk. The children of our day are nourished on milk that is of far better quality than the milk of fifty years ago. Cows, also, are of better breed and are better fed and lodged.

To the influence of sugar as an article of diet, much of this improved condition can be attributed. He says:

Nothing nourishes like good sugar, possessing as it does just the requisite heat-giving quality; but the mothers of 1830-50 dreaded sugar. They had an idea that it sickened babies, who always crave for it like horses for salt; that it spoils the teeth of growing children; and that it swelled the tongues of children. They therefore withheld sugar, thus leaving the children half-nourished, and permanently sensitive to a climate which for seven months in the year is always chilly. Nowadays, everybody among the cultivated knows that sugar is beneficial, and the children are left to their instincts, with the result that they make flesh, and are almost always warm. Then the matrons of 1830-50 had a fixed idea, incurable by the men, who never quite gave in to it, that children, if left alone, would invariably over-eat themselves, a theory true of about five per cent. The nurseries were dieted like prisons, with the result—all nurses exaggerating the popular ideas—that the children who longed for food were never fed enough, and the children who disliked much food—a peculiarity of many good constitutions—were gorged to indigestion. And finally, children are kept warm enough. The horrible old idea of those two decades, that children should be "hardened" by exposure, has died away; the nurseries, besides being properly ventilated, are kept warm, and the whole principle of children's clothing has been radically, and we hope finally, modified in the sense that the "body," as distinguished from the limbs, is thoroughly and warmly clad. The result is, that the child with a tendency to grow does grow, and that a greatly increased percentage of boys run towards five feet eleven inches, and of girls towards five feet eight inches, and five feet nine inches, than has ever been the case before.

The writer of fiction certainly indulged in fiction when he stated that "humanity is driven by prevailing conditions to physical degeneration." The fault to be found with the statement is that it is not true.

THE NORTH AMERICAN.

THE readers of the *North American Journal of Homœopathy* will please accept our regrets and our congratulations. Why DILLOW should ever have laid down the editorial pen, we are at a loss to know. In his hand it traced the page with grace, and yet with strength; it wrought words into English, vigorous, yet pure. Above all, the wielder of this pen is one of the ablest champions of the cause that unites our school. He cannot well be spared.

Now PORTER grasps the quill. Hence our congratulations. None other can better fill the vacated chair. We know him well. His scholarly attainments, his critical mind and able command of all the questions of the day, eminently qualify him for the editorship of the leading journal of our school in the great metropolis of the East. It will be impossible to detect the change, so well will PORTER do the work.

ACCEPT OUR THANKS.

For downright impudent, flagrant plagiarism, an article in a "hahnemaniac" publication of this city yclept THE MEDICAL ERA, deserves first rank. . . . . So it seems our little pill brethren, while disdaining to use our remedies, are not above filching our thoughts.—*The North American Practitioner.*

Our esteemed contemporary will please accept a great many thanks for calling our attention to the instance of plagiarism occurring in our columns, and especially for citing us to the original source of the article. We made good use of the information with which *The North American Practitioner* favored us, and we desire to make public acknowledgment of the obligation.

But right there our obligation ceases, and we take this opportunity to pay our compliments to *The North American Practitioner* for the concluding line of the above editorial: "*So it seems our little pill brethren, while disdaining to use our remedies, are not above filching our thoughts.*"

This bit of sarcasm comes with very poor grace from a journal whose senior editor obtained the most valuable part of his medical education in a homœopathic medical college, and there took his degree; who entered into a competitive examination with *homœopaths* for a position in the *homœopathic* department of Cook County hospital; who, after having entered, experimented upon the patients in the *homœopathic* wards by doping them with quinine, antipyrine, salicylic acid, and other of "our remedies"; who continued to occupy a position that by rights belonged to a loyal *homœopath*, in order to pursue his studies in so-called "regular" medicine, and to prepare himself for admission into the ranks of the old school—a step which he took just as soon as he had made all the "use" that he could of the position that he had gained.

We do not find fault with him for transferring his allegiance from the new school to the old—that is every man's privilege if his convictions undergo a change—but he was then under moral obligations to resign from the position that he held, bestowed upon him by homœopaths in competition with homœopaths, by virtue of his having represented himself to be a homœopath. To fail to do so, was a crime like unto that of plagiarism.

At the time that Dr. Theophilus Parvin delivered his lecture on "The Hygiene of the Sexual Functions" at Jefferson Medical College, Philadelphia, the senior editor of *The North American Practitioner* was a freshman student in the Chicago Homœopathic Medical College! Think of it, reader of THE MEDICAL ERA, it is the journal over which he presides that grows sarcastic about the "little pill brethren" who "filch *our* thoughts!"

We have received the assurance that it was the junior editor who penned the words to which we have called attention. But this does not relieve his colleague from his share of responsibility for the utterances of *The North American Practitioner*. It only gives us an opportunity to suggest that the editors should compare notes more frequently, so that the one shall not

**"Cast an arrow o'er the house
And wound his brother."**

ORIGINAL ARTICLES.

RETINITIS ALBUMINURICA.

By A. B. NORTON, M.D.
NEW YORK.

[Presented to the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

SYNONYMS: *Renal Retinitis; Papillo-Retinitis; Retinitis of Bright's Disease.*

Pathology: The pathological changes in albuminuric retinitis are numerous and variable in the different stages of the disease. Weeks (*Archiv. Opthal.* Vol. XVII, 3, 1888,) describes the microscopical changes in the eyes of six different individuals who suffered from disease of the kidneys. In this article he details the changes found in all the structures of the eye, but we shall confine ourselves to the pathological changes occurring in the retina.

There is first an exudation into the optic papilla and the surrounding portions of the retina; this exudation is usually granular in character, though there may be more or less round cells and lymphoid corpuscles; there is a hyperplasia of the connective tissue, the fibres of Müller becoming thickened and elongated. The nerve-fibres become remarkably swollen, a so-called sclerosis; these swellings are club-shaped and highly refracting; the whole layer is much thickened; this sclerotic swelling of the nerve fibres was formerly considered a swelling of the ganglionic cells, which may undergo a similar degeneration, although as a rule they remain unaltered. The granular layers become thickened and thrown into folds, especially in the neighborhood of the optic disc; there is also an infiltration of fat cells into the granular layer and in severe cases into other layers of the retina as well, which results in a circumscribed fatty degeneration. The retinal vessels undergo extensive changes, becoming thickened, distended, sclerosed and ruptured; hemorrhages are found to be the most numerous in the nerve-fibre layer, although they may take place elsewhere.

There may be a moderate proliferation of the pigment. According to Weeks we may divide this disease into two classes of cases, those occurring in all forms of acute disease of the kidneys, such as pregnancy, scarlet fever, etc., in which the kidney disease precedes the changes in the retina; and in the other class, he places those dependent upon a general diseased condition of the vessels in which the eye symptoms precede those of the kidney. In the first form, which is by far the most frequent, œdema and white patches appear first, to be followed by hemorrhages; while in the second class a slight hemorrhage near the macula and a few bright dots are the first evidence, followed later by the œdema and white patches.

Symptoms: The only subjective symptom noticed by the patient is that of impairment of vision, which may vary from a slight cloudiness to complete blindness. The field of vision and also the color-vision usually remain good.

Frequently the disease is diagnosed by the ophthalmoscope before the patient is aware that there is any kidney lesion whatever. With the ophthalmoscope there is seen swelling and hyperæmia of the disc, the retinal arteries are somewhat diminished and the veins increased in size, there is a diffuse haziness of the retina, together with hemorrhages and the formation of white patches. In a well marked case there is in the macula or its immediate vicinity, numerous variously shaped white spots, which are, in the early stages, small and separate, but later on, or in a truly typical case, form a star-shaped figure, the lines radiating out from the macula lutea. This central stellate spot is usually much larger in size than the optic disc and is surrounded by numerous smaller white spots. Other of these spots and somewhat larger in size are usually seen around the papilla, and in this locality they will often coalesce into a broad zone around the optic nerve entrance, giving it the appearance usually designated as surrounded by a snow bank. These peculiar white spots of the retina are due to a fatty degeneration of the nerve and when seen may be considered almost pathognomonic of albuminuria, particularly so when assuming the star-shaped arrangement at the macula.

The white patches occur mostly in the deeper layers of the retina as proved by the fact that the retinal vessels may usually be seen passing over them, but may be partially or completely covered by the patch at some places.

Hemorrhages are almost universally found in albuminuric retinitis, but unlike the white patches just described are not especially pathognomonic of this disease. They may occur in great numbers and various sizes and shapes, from large, dark red extravasations to small round or linear shaped spots scattered throughout the fundus.

The extent of the hemorrhages is considered to be somewhat indicative of the severity the disease.

Course: Albuminuric retinitis may either adually or suddenly pass into a neuro-retitis resembling very closely the choked disc m cerebral causes. The ophthalmoscopic ture of retinitis albuminurica may remain altered for a long time, the hemorrhages d white patches slowly disappearing, while w ones at the same time may make their pearance. The white plaques at the macula always the last to disappear, and accordg to some authorities may never disappear. the secondary changes go on the optic c becomes discolored and atrophied, the inal vessels become contracted and pigmt changes in the retina result.

Causes: Renal retinitis may occur with r form of kidney disease but is especially nd with the contracted kidney. It is also te frequently seen associated with albuuria of pregnancy and more rarely with t-scarlatinal nephritis. A few cases have been reported associated with functional uminuria. Both eyes are, as a rule, inved, although it may occur in but one.

Diagnosis: The ophthalmoscopic appeares are always quite characteristic of this ase, and the presence of albumen in the ne would at once confirm the diagnosis. betic and leucocythaemic retinitis both sent appearances of the fundus very simto those found in this disease, and an exnation of the urine will be necessary to ir up the diagnosis. A neuro-retinitis lting from intracranial disease, especially be complicated by albuminuria, would sent great difficulty in the differential diosis, and a very careful study of the eral symptoms would be required. The te spots in choroidal affections would diffrom this by the presence of more or less nent, and by the different location and pe of the white patches. Opaque optic re fibres resemble very closely the snowk appearance around the papilla, but in que nerve fibres the white patches extend from the disc in a fan-shaped manner and unaccompanied by any changes in the ula, or œdema of the retina.

Prognosis: In albuminuric retinitis the nosis must necessarily cover two points, as to vision, which should always be unrable excepting in the slighter cases and cularly those occurring in pregnancy. The appearance of albuminuric retinitis in all cases, excepting when associated with pregnancy, is always a most unfavorable symptom as regards the life of the patient.

It is extremely rare for recovery to take place in cases of kidney disease after the retina has become involved and in the majority of cases a fatal termination will ensue inside of two years.

In the retinitis albuminurica of pregnancy the prognosis depends chiefly upon the period of gestation, and secondly upon the extent of the disease. Some cases of very extensive hemorrhages with marked patches of infiltration of the retina and almost complete loss of vision, when only occurring in the last weeks of pregnancy, may recover after confinement at full time, with almost complete restoration of vision.

On the other hand slight changes in the earlier months of pregnancy which have a tendency to increase in spite of treatment, may prove very serious both to the vision and the life of the patient as well, if allowed to go on to full time.

The longer the disease exists the greater are the degenerative changes which may take place, and it is on this account that the appearance of the disease in the last weeks of pregnancy proves far less serious than when occurring early. Induction of premature delivery in these cases becomes then a question of grave importance. The presence of albuminuric retinitis when of a high degree and accompanied by loss of sight denoting advanced degeneration of the kidneys, together with the fact that the uræmic condition of the blood threatens the life of both mother and fœtus, to us argues in favor of interference. Howe draws this conclusion, that "the induction of labor is warrantable when the retinitis appears in the early stage of pregnancy and persists in spite of proper treatment, but is not warrantable in the last few weeks, in spite of the greater ease with which it is accomplished, unless the inflammation is unusually severe."

Complications: Detachment of the retina and hemorrhages into the vitreous are the most frequently seen complications, although other conditions, such as glaucoma, extravasations into the choroid, and embolism have been recorded as occurring with this disease.

Treatment: The principal treatment should be directed to the kidneys, the seat of the primary disease, and such dietetic and hy-

gienic measures adopted as are recommended for Bright's disease. Benefit has sometimes been derived from keeping the patient quiet in bed, and upon a low or skim-milk diet.

Apis. — If associated with oedematous swelling of the lids and general dropsical condition. Patient very drowsy, with little thirst and scanty urine.

Arsenicum.—If the patient is restless, especially at night after midnight, with great thirst for small quantities. Urine scanty and albuminous.

Gelsemium.—Retinitis albuminurica occurring during pregnancy, white patches and extravasations of blood in the retina. Dimness of vision appears suddenly. Serous infiltration into the vitreous, making it hazy, may be observed. The patient is thirstless, and albumen is found in the urine.

Kalmia.—Nephritic retinitis accompanied by much pain in the back, as if it would break.

Merc. corr.—Has been more extensively used in *albuminuric retinitis* than any other remedy. The fatty degeneration, extravasation of blood from the weakened vessels and all the pathological changes in the eye as well as in the kidney, point to mercury as a remedy, even though no characteristic subjective symptoms are present. The results are especially favorable when pregnancy appears to be the exciting cause of the difficulty.

Hepar, Kali acet., Plumb. and Phosph., have either been used or are highly recommended for this condition of the eye. In fact, any remedy applicable to the disease of the kidney will often prove of service in the eye complication.

152 West Thirty-Fourth Street.

CASE OF DELAYED LOCHIA.

By SUSAN E. BRUCE, M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

If a case similar to the following has appeared in print it has escaped my notice. My patient, a multipara, was made clean and comfortable after a natural labor of brief duration. When I called, about twelve hours later, the nurse met me with an anxious face. "Doctor, there is no 'show;' none at all!" she said. The first napkin was slightly stained with a thin, reddish lochia, the other was perfectly clean. The patient was comfortable and happy. Not being a nervous woman, and feeling well, she gave no trouble. Abdominal palpitation showed a very marked departure from the ordinary conditions. The uterus was firmly contracted, seemed about the ordinary size; but lay with the fundus slightly above the umbilicus, and to the left side. Bi-manual examination, my hand in the vagina, revealed what I assumed to be the hour-glass contraction described in the books. The cervix was uncontracted, and would admit of my moving my hand about freely. The internal os would admit of nothing. How long that imperfect contraction persisted I cannot say, as I did not again interfere. I made daily visits. There was no sanguineous discharge; the woman was never cleaner in her life. The vagina was moist, the temperature and general condition perfect. I simply watched and waited. Between the fifth and sixth days the uterus descended and there was discharged not more than one ounce of broken up coagula in small particles, and some brownish fluid, dirty looking, and without odor. There followed a very slight lochia, such as we see after a couple of weeks in the general run of cases.

The questions suggested to me were, Was it the condition of the cervix that caused the uterus to return to the abdomen? Do we often have irregular contractions without observing the fact? The absence of flow was simply due to a tonic contraction that allowed nothing either to enter or escape from the uterine cavity.

HEMORRHAGE DURING PREGNANCY.

By H. M. BASCOM, M.D.

OTTAWA, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

Hemorrhage from the genital organs is, unfortunately, too common during pregnancy, sometimes as unwelcome to the patient as distressing to the physician.

Does hemorrhage during pregnancy always result in abortion? No, by no means. Hemorrhage in a primipara before the fifth month generally results in an abortion. Occurring in a multipara before the fifth month from a variety of causes, occurring after the fifth month in either primipara or multipara, generally results in a miscarriage, and is indicative of placenta prævia, unless produced by traumatic causes.

Some women have a discharge of blood from the vulva a few days after conception.

It is small in amount, is generally remittent, it is rarely attended with clots, but resembles a moderate menstrual flow.

It sometimes recurs for three or four or more times at regular monthly intervals, lasting at each occurrence an irregular length of time. It usually yields readily to treatment for the time being, and sometimes leads to the belief of the non-existence of pregnancy.

Hemorrhage can also occur from placental apoplexy. Also from the vulva, due to rupture of a hemorrhoidal vein, and from that dread of all physicians, "placenta prævia."

There is another source of hemorrhage, self-induced, either by the unwise use of drugs or the self-attempted use of instruments, which can be classed as avoidable hemorrhage. propo

The rtion of cases having some hemorrhage during gestation, to the number of actual cases of placenta prævia would be not more than one to one thousand.

The class of cases to which I wish to draw special attention is one with which every physician is familiar, occurring among multipara, recurring at irregular intervals, profuse in amount, usually from the first to the fourth month, a few times as late as the fifth month, the amount being so great and so protracted that an abortion seemed unavoidable. After having a number of such cases, giving an unfavorable prognosis, and anticipating trouble which did not come, I began to investigate the cause more carefully.

Getchell, in *Encyclopædia of Obstetrics* (Diseases of Pregnancy), says, "an ulceration of the cervix would facilitate the discharge of blood, the neck being congested and patulous." This did not satisfy me as the cause, and at last an opportunity presented which demanded an examination with the speculum. I found a marked lateral laceration of about one-half inch through the cervix, from which the blood was flowing freely; very little dilatation of cervix; pregnancy advanced to third month; readily relieved by slight pressure and the recumbent position. The hemorrhage returned in about the same amount at the fourth month, controlled as before; did not return again; patient going to full time and delivered of a healthy child.

Repeated verification of this cause of hemorrhage has given me confidence to believe that many cases of threatened abortion can be carried through without accident. The hemorrhage occurring from some laceration of the cervix and not from the cavity of the uterus. The treatment necessary being slight pressure with the tampon—not sufficient to effect dilatation—the recumbent position, and an occasional dose of Viburnum.

THERAPEUTIC NOTES.

By W. D. McAFFEE, M.D.

ROCKFORD, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

THE suggestions in this paper are culled from an experience of thirty-one years' practice, and have been found curative in every instance.

For *neuralgia* of the *sciatic* and *popliteal* nerves insert *common sewing needles*, large size, over the line of the irritable nerve, several inches apart, to the depth of an inch or an inch and a half. I have never cured a case with remedies. I have never failed to cure scores of cases with the needle treatment. The severest cases yield as readily as the lighter ones. The needles should be left in the flesh an hour, and the application should be repeated in two or three days. The only pain felt is when the needles are passing through the skin. A common artery-forceps is best to remove them with, as they will not slip and cause the needles to be broken.

Ledum will cure *soreness in the heel;* parts feel sore as if bruised when walking, especially after a rest or in the morning.

Phosphorus will cure *ulcer in stomach* when attended with burning pain, cutting, and vomiting of food soon after eating.

Hot water will relieve *occipital neuralgia;* instantly apply as hot as can be borne, poured from a height. If pain and soreness return don't count the treatment a failure. A few applications will give permanent relief. The only constitutional remedy I have found helpful is Gelsemium.

For persistent *drenching sweats* give from two to four times a day ten drops of *dilute* phosphoric acid. If this is not sufficient sponge the surface with alcohol to which has been added a weak solution of alum in hot water.

For *injury* to a *nerve*, more especially a strain, pack the parts in cold water, to which add a decoction of Hypericum.

Kreasote will quiet a large per cent of cases of *vomiting* in *pregnancy*, aided in some cases by the tampon.

For *neuralgia of penis*, the introduction of

sounds (steel) immersed in *hot water*, or a drop of *solution of cocaine* in the meatus will help. Same treatment is good for *chordee.*

For *enuresis*, have made most cures with Chloral or Equisetum.

For *chafing*, wear *linen drawers*, and dust the parts with equal parts of *gum arabic* and *slippery elm.*

For topical treatment of *senile gangrene*, I never found anything effectual till I began using a weak solution of Kreasote made from *beechwood. Bromine water* is good in some cases.

For *laryngismus stridulus* apply prepared mustard leaves, and assume the erect posture as soon as possible. With me, the constitutional remedy has been Belladonna.

NEUROMATA.

By F. E. NICHOLS, M.D.
PLANO, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

MEDICAL literature contains very little upon the subject of neuromata. The silence of so many authors has led me to infer that it was of very rare occurrence and impelled me to report this case, which presents perhaps some intimation as to the etiology of these growths and contains clinical evidence of the action of a drug.

Mr. V. H., aged about fifty-five, of nervous temperament, came to me in August, 1891, giving the following history:

In the fall of 1890, while hunting he discharged a load of shot into his right wrist, necessitating amputation which was performed by an old-school practitioner of twenty years' experience, and some local reputation as a surgeon. The amputation at the lower third of the fore-arm was made with very ample antero-posterior flaps, the tendonous portion of the flexors uniting with a corresponding portion of the extensors, furnishing an abundant covering for the bone. As soon as the wound was healed clonic, spasmodic contraction of the muscles took place, increasing until the patient was almost frantic with the pain.

The attendant assured him that if the muscles were divided at the end of the stump the drawing and pain would cease. This torturing operation was repeated five times in the course of a few months, the muscles being divided sub-cutaneously in the manner of a tenotomy, each time leaving the patient more reduced in strength, with increased suffering.

A second amputation was made with no relief. He had been months without a night's rest, so that when I was called, August 5, he was reduced to little more than a skeleton, and could scarcely walk.

The stump presented no peculiar appearance except perhaps a slight increased temperature. No tumefaction, either general or local; no inflammation; no unusual amount of tenderness on pressure, but as soon as he moved it, and sometimes without provocation, the muscles of the stump would contract in the most violent manner. He would place the arm between his knees, grasp it firmly with the remaining hand and struggle with all his strength to prevent the jerking which caused him such intense pain.

A diagnosis of neuromata was made, with the advice to have the affected nerves excised. I desired first to see what remedies would do for him, but the suffering was so intense and opiates and anodynes had been so unsatisfactory he would consent to but one week's trial of these, as I could promise no positive cure in this way.

He received Conium maculatum 3, discs, every two hours. The next day, August 6, reports a good night's rest, no pain, no spasms. This report continued for five days. August 11, slight pains and spasms, weather unpleasant.

He, having such a mortal terror of a return of his old suffering, insisted upon an immediate operation.

Upon the ulnar and median nerves tumors were found varying from the size of the end of the little finger to very minute points. These nerves were removed so far up as found affected, which was nearly to the elbow. After the wound was healed it was noticed that the muscles in the radial region still contracted, causing pain. At another operation the radial nerve was removed in the same manner as the others. Conium was continued and the patient made a rapid and complete recovery.

I had no means of determining the histological structure of these tumors, but I believe them to be true neuromata, and that they were caused from the prolonged irritation of the ends of the divided nerves, by the drawing of these opposing muscles over the end of the bone, exciting the vaso-motor nerves, producing prolonged hyperæmia result-

ing in the deposition of this redundant matter at the various foci.

From the prompt action of remedies when given I believe that had it been administered at the beginning of the trouble these growths might have been prevented.

I also am persuaded that had the circular flap been made in the beginning and the nerves well drawn out from the stump and cut off, the record of this case would have read entirely different.

THE TREATMENT OF BURNS AND SCALDS.

By N. P. SMITH, M.D.

PARIS, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

THE object of this paper is to call attention to the most commonly fatal of all injuries, viz., burns and scalds.

With the manifold advances in the domestic arts, and in applied science of a progressive civilization, with all its provisions to avert accidents, there seems to be an increase rather than a decrease, in these, the most common of casualties. And while I believe that the electric light, the telephone and the phonograph, with *all* their dazzling wonders, are not in advance of our profession, I also believe that this particular department of surgery has been neglected.

Burns are classified in degrees, varying from that of a simple scorching, or inflammation of the epidermis, to the most severe form, which destroys all the tissues, organs, or a part of an organ. Death may result from shock, ulceration of the duodenum, exhaustion from prolonged suppuration and septic absorption, or from destruction of one-third to one-half of the cutaneous surface.

Burns of the extremities are less dangerous than those of the head and face. Burns are usually more serious than scalds, and are apt to be followed by deep sloughing. Scalds, however, are not uncommonly fatal, from the great extent of surface involved. According to Dupuytren, there are four epochs of danger in the course of a burn: *First:* the period of irritation; *Second:* that of inflammation; *Third:* that of suppuration; and *Fourth:* that of exhaustion.

Without going into detailed minutiæ or text-book wordy paraphrases, and eliminating the multiplicity of causes of burns and scalds, I wish to say, that to me, the treatment of burns and scalds as recommended in text-books, has been unsatisfactory—more so since the inculcation of asepsis, the great boon to modern surgery. No one hears of laudable pus being healthy nowadays, but we do hear of poultices, molasses and flour for burns and scalds, and doctors continue to recommend and use that filthy, time-worn, microbe-worried "chestnut," *carrion oil.* Cloths are *saturated* in it, and laid over the destroyed surface and then the inevitable batting and roller bandage, and everybody seems satisfied—except the patient. Dressed in this way, what may we expect at the next or subsequent dressing? Every thing adherent—the carrion oiled cloth dry, harsh, stiff; irritating, agglutinated cotton batting has worked its way, by contortions and writhings of the body, down into the raw secreting surfaces and become a potent irritant, requiring untold time and patience for its removal.

A more modern aseptic surgeon expends time, care and ablutions with carbolated solutions to cleanse, and then dresses with expensive iodoform gauzes over extensive surfaces, covers with cotton and the bandage, and calls the next morning to find everything upset. His gauzes have slipped away. King Cotton again triumphant. Another tedious dressing is inevitable. Soon the deep burns begin to slough. Something must be done. Dressings, to be cleanly, must be more frequent. Poultices have no place in modern surgery, but the necrosed tissue must be gotten rid of, and frequent antiseptic dressings are in order. The burn is extensive, you cannot leave it uncovered and naked, and the question is a vexed one.

Again, to go further, the necrosed tissue has sloughed, the wound is clean and begins to granulate excessively; it may be, bleeds easily, and is hard to keep within bounds, and in deep burns may exhaust the patient's strength.

I have a limited experience with the dressing which Prof. McBurney uses on raw surfaces from which skin grafts were taken. Later, the same dressing was used for burns and scalds, and has been highly recommended by all who have tried it. It is sheet rubber, or rubber tissue in sheets. This dressing can be quickly applied, easily removed, never sticks, pulls or adheres, can be thoroughly and quickly washed in an antiseptic solution and reapplied, and is a good poultice for removing sloughs. It propagates and protects

young granulations, and holds them in place. This is a cheap dressing, 40 cents a square yard. Washed in a warm carbolated solution it is aseptic, and can be reapplied as often as cleansed. To me, it is the most satisfactory dressing I have yet tried.

Method of applying is, after cleansing the burned surfaces with a warm carbolized solution and removing all destroyed tissue, etc., to apply the rubber tightly and snugly, so as to exclude the air, which quickly relieves the pain. Over this place absorbent cotton and a roller bandage, and the burn is dressed in the best possible manner.

SOME CLINICAL CASES OF HYPERÆSTHETIC RHINITIS.

By W. M. STEARNS, M.D.

CHICAGO, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

IN selecting a few cases from my records to present before the society today, it has been my purpose to briefly call attention to what is being done in a class of nasal cases that seem to resist the ordinary treatment by sprays, powders and internal medication, namely cases of what has now for five years or more been known as hyperæsthetic rhinitis.

CASE I. Emily, aged 12 years, presented for examination March 7, 1891, with the following history: For the past three years has had attacks of violent sneezing lasting three or four days, accompanied by profuse lachrymation, and itching in the eyelids, profuse watery discharge from the nose and throat.

The discharge does not become thicker and mucoid as in acute catarrh or common cold. During the attack the nose is more or less completely stopped up, due to pronounced swelling of the turbinateds, and general mucous membrane, obliging her to breathe through the mouth. The nostrils become excoriated, the throat sore, and a dry, irritable cough lasts several days. Formerly these attacks occurred every month or two, increasing in frequency and severity, until the past few months, since when the patient has had from four to six attacks each month, depending upon the changes in the weather, or her exposure to dust. On inspection I found the general nasal membrane very bright red in color, congested and exceedingly sensitive to touch with a probe or cotton on carrier. On either side of the septum immediately over the triangular cartilage, there presented rounded, puffy swelling of a grayish color.

On gently touching this swelling there followed a paroxysm of sneezing, serous discharge from the nose, great tingling about nose and eyes and lachrymation. Under local anæsthesia from a 10 per cent solution of cocaine, I applied glacial acetic acid to swelling on the septum, keeping the patient under observation for half an hour or more after. In a few minutes, as the effects of cocaine wore away, there followed a decided attack similar to those of which the patient complained, and not unlike those of true hay fever in August. These symptoms subsided after an hour, and at next visit four days later there was less inflammation on that side. The same treatment was given the other side of the septum with similar result. I gave internally Arsenicum iod. 3x. From the first application the patient had no return of the marked symptoms, there was still much general inflammation of the nasal membrane, and she had an occasional cold and inclination to hold dry coughs through the spring. For two months I applied Boro-glyceride to the general membrane once or twice a week, and then gave her Sangninaria whenever the cough returned until entirely cured. I saw the child occasionally through the summer and fall and heard from her through a brother whom I treated the following winter. Fourteen months have passed with no return of the trouble.

CASE II. Mrs. F., aged 35, called January 13th of this year. Has had hay fever every summer for eight years. The past three winters has had a great deal of nasal trouble similar to the hay fever attacks. With every exposure to cold, or at every change of weather there is intense tingling in the nose and eyes inducing constant sneezing, without the usual symptoms of ordinary cold. Patient says she simply has the hay fever nearly all the time now, the same as she formerly had only in summer.

Touching the puffy, grayish membrane over the triangular cartilage of the septum caused lachrymation, violent sneezing and spasmodic coughing. I applied glacial acetic acid to the left side of the septum and a week later to the right. For two months I used a mild alkaline spray and applied Boro-glyceride to the general membrane twice a week. I also gave Arsen. iod. internally. Nearly

months after the patient reports that she rarely ever sneezes any more, has had none of the former attacks and that her head has felt better than for years. The improvement was marked from the first.

CASE III. Mr. W. aged 25, called August 22, 1891, with the following: Has had hay fever every summer since he can remember. During the past few years he has had asthma, and during the whole year is subject to frequent attacks of cold, becoming more and more like hay fever. He has these attacks nearly all the time, until life has become a burden to him. For the past year he has been unable to attend to his business regularly.

Inspection showed almost complete stenosis of both nasal passages, due to congestion of the turbinateds and mucous membrane on the septum. The membrane covering the septum and turbinateds was puffy, grayish in places and very sensitive to touch; the slightest touch caused violent tingling, sneezing, pain and lachrymation.

Under cocaine I applied the glacial acetic acid to the septum, and a week later chromic acid to the inferior turbinateds. Ars. iod. 3x was given for a few weeks, then Gels. 2x. Boro-glyceride was applied once a week. The patient reported in September that he had never had as little trouble from his hay fever as he had had that season. There was none of the asthmatic trouble present. I saw him occasionally through the winter and spring, through which he passed with but few slight colds, and felt better and stronger than for years.

CASE IV. Mrs. B., of McGregor, Iowa, first called July 9, 1891, with the following history: For three years has had a great deal of watery discharge from the nose with intense tingling, sneezing and other symptoms of acute coryza affecting her all winter till late in the spring. For seven months she has had no relief. The symptoms came on about three or four o'clock in the morning while in bed, keeping her awake, and partially wore away after noon. There was intense tingling in the nose, causing constant sneezing and profuse serious discharge, the eyes were suffused with tears; balls and lids were very red. Every breath through the nose caused tingling pains with sensation of exposure of the nerves. The mucous membrane, overlying the triangular cartilage of the septum was much swollen, covered with a tenacious discharge. Touching this spot caused a severe attack for some minutes. Under cocaine anæsthesia I applied glacial acetic acid to the swellings on the septum and gave Ars. iod. internally. At the end of a week the patient slept till six o'clock mornings, rarely, if ever, sneezed and went home in two weeks practically cured. In September she returned for ten days by appointment for a little more treatment for the general condition of the nose. The patient called seven months later concerning another patient, and reported herself absolutely free from any of the former trouble, and also added that she has had no cold through the fall or winter, which was very unusual for her.

This was one of the most aggravated cases I ever treated for this peculiar complaint, and I consider it a typical case of hyperæsthetic rhinitis, showing all of the autumnal hay fever symptoms, save the time of year affected.

CASE V. Mr. H. called January 11, 1889, with this history. For four or five years has had a watery discharge from the nose, with sneezing, tingling and frequent frontal headaches. The trouble has increased until this winter. Now for about two months has had a constant watery discharge from the nose and throat, much aggravated when in the office with steam heat. The discharge is constant while at his desk, better in the open air. He is not able to work his usual hours. The nasal passages are closed nearly all of the time. The turbinateds were much congested; they contracted, however, closely to the bones under a four per cent cocaine solution, showing no hypertrophy. There were on the septum large, puffy swellings situated on the triangular cartilage, of a light grayish red color, surrounded by intensely inflamed membrane.

For three months I treated the nose faithfully with the usual sprays, powders, astringents, etc., and gave internally such remedies as Puls., Ars. iod., Naphthalin, Gels., Arum triph., but with only temporary or palliative result.

At the end of three months I resorted to the glacial acetic acid applications to the septum.

The swelling began to subside within a few days, and the turbinated bodies quieted down at once. He reported several times during the year but with no return of the trouble. He called a year later with general symptoms.

of la grippe and slight catarrhal symptoms, but the former trouble had disappeared entirely.

Many more similar cases could be cited from my case records during the past six or seven years with like results, since more attention has been called to this class of cases.

What do they teach us? There are undue sensitive areas in the nasal cavities governed by some, as yet unknown cause, or set of causes, and which by coming in contact with local irritants give rise to a train of symptoms and conditions known as hyperæsthetic rhinitis.

The five filaments of the sympathetic nerves supplying these areas become exceedingly hyperæsthetic, ready to excite to inflammation the mucous membrane by exposure to air laden with minute particles of dust, pollen from vegetation, emanations from drugs, or many other irritants, as well as exposure to great degrees of dampness or too dry heat. In all of these cases whether they occur in June as so-called rose colds, in August as typical hay fevers, in the winter or spring when directly due to climatic influences, or on exposure to a great degree of dry heat in closed rooms, or to any irritants in the air, the areas affected are the same, the pathological conditions of the nasal membrane in general is the same, and the general and local symptoms are identical.

The time and manner in which different patients are affected, differ only according to the idiosyncrasy of each individual, the diseased membrane always being in readiness to respond to its chosen poison or irritant whenever exposed to it. These sensitive areas were several years ago located by Sajous, one on the anterior portion of the septum and opposing lateral wall, another about the posterior nares and posterior end of turbinateds, and a third about midway between the two named, below the superior meatus; and the different symptoms whether local or more remote depend upon whether one or all of these areas are affected.

The pathological condition of the nerve filaments, however, is the same in each case and should be treated in like manner. In the cases cited the area most affected chanced to be that on the septum, as was shown by the result.

Not alone is this affection confined to the nose, eyes and throat, but through the sympathetic nerves and ganglia, we have as the result persistent laryngeal, tracheal and bronchial coughs, and pronounced asthmas, as well as a general disturbance of the whole system. We may have a similar train of troubles arise from other reflex nasal causes, but particularly do we have them with this special disease. Not yet knowing the origin of this over sensitiveness and excitability, we have to deal with the condition and not with the cause. Great care must be observed, however, in the employment of the more active agents, as much harm is being done in the destruction of more or less healthy mucous membrane tissue. I object to the use of the galvano cautery or any other agent that will destroy the deep tissues in these cases as is often done today.

In these hyperæsthetic cases the deeper layers of the membrane are rarely ever involved, save in a functional disturbance that is easily overcome when the terminal filaments of nerves on the surface are rendered less sensitive.

In glacial acetic acid, which is not a new remedy, we have an agent that supplies this demand, as its effect does not extend deeper than the outer layers of epithelial cells which are replaced in a few days after their destruction. It also serves the purpose in lessening the hyperæsthesia without destroying the deeper nerve tissue, and the functions of the nasal mucous membrane are not thereby interfered with. The after treatment of the nasal membrane, both local and constitutional, should not be neglected, as there is always more or less general nasal disturbance accompanying the diseases of these areas, and this will yield entirely only when special attention is given it for some time. These five cases are not all to be classed under the head of hay fever, as several of them came with absolutely no history of autumnal hay fever or rose fever, and yet the same area on the septum was the seat of irritation, and similar treatment was met with like results.

The glacial acetic acid is not well borne on the turbinateds when highly inflamed. Indications for its use on the septum in these cases was the swelling without intense redness at this point, together with the great sensitiveness to slight touch, and the manifestations shown in the symptoms.

34 Washington Street.

Atropine is a dangerous drug to use in the eyes of elderly people, owing to its tendency to provoke glaucoma.

ASEPTIC AND ANTISEPTIC SURGERY.

BY EMMET L. SMITH, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

IN BELL "On Wounds," published in 1800, he says as follows:

"In 1775 the French surgeons had declared, not only that their flap amputations procured an easy and perfect cure, but they affirmed that often in three days, the flesh of such a stump had adhered." To this, O'Halleran replies with a rudeness and ignorance quite unparalleled: "I would ask," says he, "the most ignorant tyro in our profession whether he ever saw, or heard even, of a wound, though no more than an inch long, unite in so short a time?" "These tales are told," he adds, "with more confidence than veracity; healing by inosculation, by first intention, by immediate coalescence without suppuration, is merely chimerical and opposite to the rules of nature."

Surgical methods had made but little progress till 1865, when Sir Joseph Lister had the honor of starting a reform in surgical methods, which has been one of the greatest blessings bestowed upon mankind. His principle is as sound as any principle in surgery, and has stood the test of time, but time has produced a marked evolution in the methods. Theories are only useful so long as they lead to improved results in practice. Lawson Tait says he tried Listerism three years and then abandoned it. But it must be remembered that he only did it to be above censure if any case should terminate fatally; and at that time (1878) Listerism included the spray and chemical solutions. These were the two cardinal points and did not include surgical cleanliness. A wound may be infected, though the strongest antiseptic solutions are used.

Modern sciences have established the fact that certain infectious diseases are due to micro-organisms.

It is well known that blood and blood-serum will become putrid under three conditions. These are: (1) Moisture; (2) Warmth; (3) Presence of living micro-organisms. If these factors are present, the animal substance will putrefy. An accidental or surgical wound presents conditions that are favorable for such a development. The surgical filth or dust, besides the infection from dirty instruments, hands, or dressings, furnish ample opportunity for an impregnation which will undoubtedly set up the fermentative process known as decomposition.

It is safe to assume then, that, without exception, all forms of suppuration owe their origin to infection from without. The avoidance of suppuration also means the avoidance of surgical infection, with such disastrous results as septicæmia, pyæmia, erysipelas, the drain on the system of a long suppurative and amyloid kidney. There are antiseptic agencies in living structure, but it is well known from experience that it can not be depended upon and that the use of some antiseptic agent is in the highest degree important. In proof of this, as shown in actual practice, sepsis and erysipelas occur much more frequently in the exhausted and debilitated, and the aged than in the young.

An aseptic operation is one free from putrefactive agents and which is performed with surgical cleanliness, while an antiseptic operation is performed with the additional precaution of using chemical agents which have the power of preventing or retarding the development of micro-organisms.

If by strict antiseptic methods decomposition is avoided and better results are obtained, then it does not matter whether it is by the theory of excluded germs, or the theory of the presence of ptomaines and their absorption, for by this method both are avoided.

The instruments, sponges, ligatures, hands and everything coming in contact with the wound must be made thoroughly aseptic. It is true that solutions may be used sometimes so as to get a poisonous effect, but drug effect is not so disastrous as septicæmia, pyæmia and erysipelas. Because the surgeon's knife is used with bad effect sometimes, is no reason why it should be dropped entirely.

The mortality rate of operations has been markedly lowered since the era of aseptic and antiseptic surgery. Antisepsis may be now called universal. It is taught in all colleges, followed out in hospital and private practice. It gives the surgeon a new hope; and with it we are all equal. In the present time, when everything is pushing on in the great strife, people have no time to be sick. The command is imperative. The wound must heal by first intention.

LINCOLN PARK SANITARIUM.

Recotococcypex is one of the recent innovations of surgery. It is a question as to which is the more dangerous, the name or the operation.—*Medical Review.*

NASAL OBSTRUCTION FROM ABNORMALITIES OF THE SEPTUM.

By D. A. MacLACHLAN, M.D.
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[Read before the Michigan State Homœopathic Medical Society, Detroit, May, 1892.]

THE great amount of attention given to diseases of the nose during the last decade indicates to some extent the importance of the subject. It is not a "fad"; it is a just recognition of the important physiological functions of the nose and the serious consequences arising from perversion or loss of its function.

One of the worst features to contemplate is the fact that in our climate these disorders begin to exert their baneful influence at the very threshold of life, and that during the formative periods of childhood and youth they fasten upon their unfortunate victim evils which very frequently can never be removed, and which, later on, directly or indirectly bring him to a premature grave.

Nasal obstruction is due to so many conditions that I have deemed it necessary to limit myself to the discussion of only one class of causes, viz., those arising from abnormalities of the septum. That these alone produce a large per cent of the most intractable cases of obstruction, is only too well known to every experienced rhinologist. They therefore produce all that long list of evils arising from nasal obstruction. *Mouth-breathing*, voice changes, catarrh, disease of the middle ear and Eustachian tube, loss of smell, polypi, hay fever, conjunctivitis, lachrymal disease, stricture of the tear-duct, etc., result from direct irritation or extension. Besides these direct results, they bring about a long train of indirect or reflex nervous disorders, among which may be mentioned headache, neuralgia, asthma, cough, epilepsy, chorea, enuresis, salivation, etc.

Last year I had the pleasure of presenting to the Society a paper on reflex disorders, including those of the nose, in which I discussed the manner in which they are brought about, and I believe that abnormalities of the septum more than any other class of nasal diseases are responsible for these irritable nervous affections. It is surprising how few really symmetrical noses are to be seen. In the great majority of instances some irregularity of the septum exists, and the rhinologist is daily called upon to decide whether or not the case is one calling for surgical interference.

There are several kinds of septal deformity, any one of which may result in complete stenosis, and therefore may require an operation: (1) A simple bend or deflection of the septum, without thickening; (2) ridges running in various directions, involving only a small part of the septum, the balance being straight and of normal thickness; (3) a deflection, with an angular cartilaginous thickening on the convex side; (4) spurs or shelf-like projections, the septum being straight.

Class I. partially or completely closes the nostril on the convex side, while the nostril on the concave side is correspondingly large. On the latter side, however, the turbinated bodies are generally enlarged so as to fill it more or less completely. In this way both nostrils become obstructed, and relief is gained only by restoring the septum to its normal position. The compensatory hypertrophy of the turbinated bodies mentioned above frequently disappear after the septum is straightened. It is usually taken for granted that a simple deflection has been caused by traumatism, such as a blow or fall upon the nose. This is doubtless true in some instances, but many are due to want of correlation in growth between the various parts of the bony framework of the nose. In other words, the earlier ossification of the palatal processes of the maxillary and palatal bones has reduced the vertical diameter of the nasal fossæ, and as the reduction goes on, the still ossified and growing septum becomes bent. Evidence of this method of causation is seen in the frequent association of a narrow, highly-arched palate with this form of deflection.

Class II., while less extensive than Class I., produces much the same difficulty, and needs to be dealt with in about the same way. Deviations of this sort are probably due ordinarily to traumatism of some sort.

Class III. is without doubt due to traumatism. The spur or cartilaginous thickening on the convex side usually marks the course of the fracture or dislocation, and these generally occur along the lines of sutures. Hence horizontal deviations and spurs are the ones usually seen. Vertical spurs are very rare, in my experience. This form more frequently causes *irritation*, with stenosis, and the latter, moreover, is not always confined to one side only. Very often there is thickening and projection at the lower portion of the deflected septum on the concave side also, so that we find more or less stenosis existing in both nos-

rils. Removal of the prominences on one or oth sides, as the case may be, is necessary to ure such cases.

CLASS IV. is, I believe, very rarely the re-ılt of external traumatism. It is generally ue to intra-nasal irritation of the septal mu-ous membrane directly, and of the perichon-rium indirectly. From the fact that these ines or crests are commonly located ante-orly it seems likely that the irritation may e due many times to contact with dust and ther extraneous substances or to scratching ith the finger nail, etc. In a great number f instances, however, I believe, with Seiler, ıat the primary irritation arises simply from contact with hypertrophied turbinated tis-ıe." Any one who has had the opportunity observing large numbers of these growths ill remember how very many are found di-ctly opposite the inferior turbinated body. he next most favorite situation for them, I ink, is along the inferior meatus, near the nction of the septum with the floor. They nsist of thickened mucous membrane and rtilage or bone, and sometimes of all three, ıt the majority of them are composed of embrane and cartilage only. If the impor-nt and sensitive structures opposite them e in their normal condition, the spur may oject a considerable distance across the fossa thout interfering at all with respiration; t if these soft structures are enlarged, as ey usually are when spurs are present, they ll be pressed against and irritated by the ur until the surrounding parts become swol-ı and inflamed, so that the nostril may be rtially or even entirely closed. This is nost a daily observation in the experience a specialist, and in a large number of cases ıuires operative interference.

The symptoms of septal deformities are ıny and varied, but obstruction, partial or nplete, stands first. Complications, such catarrh, polypi, hay fever, hay asthma and ıer reflex phenomena, headache, mouth-ıathing, etc., and impairment of the funcns of taste, smell, hearing and voice pro-ction, are generally present.

External deformity exists in many cases, ıecially those that have resulted from vio-t injuries. Depression of the bridge and eral deviation of the tip of the nose are the es usually seen.

Internally, changes from the normal are, as ule, easily detected by rhinoscopic exami-ion anteriorly and posteriorly. Frequently it is necessary to remove anterior hypertrophies and growths before the deformity existing farther back and causing obstruction can be seen. Cocaine reduces soft swellings or growths long enough for a diagnosis to be made, and denser enlargements may be gotten out of the way permanently by the cautery knife or snare or some other appropriate method.

Having determined the fact that a deformity of the septum is present in any case, the next thing to determine is, whether any treatment is necessary, and, if so, what it shall be. If the deformity is the cause of disease, or even of discomfort to the patient, it should be corrected. If, on the other hand, it cannot be held responsible for any other existing abnormal condition, it should not be interfered with.

It goes without saying that, in the majority of cases that come to the specialist, there is urgent need for treatment, for, as a rule, patients do not apply for relief until long after they should have done so, and not until disease has become so far advanced that complete relief is impossible. At the same time there is no doubt that a great deal of needless cutting is indulged in. In many cases catarrhal and other conditions resulting directly or indirectly from septal deformities may be removed without operation, and when such relief promises to be permanent under favorable circumstances, the milder measures should be adopted.

The question of advisability or need of operation must necessarily rest with the surgeon. The man who for any reason is not in a position to operate, and who is without experience in operating on such cases, can hardly form a reliable opinion or be a safe adviser. Delay when operation is needed ordinarily means a passing of the case from bad to worse, until nothing avails to cure. "Strike while the iron is hot," is applicable here as it is in so many other situations in life. No one will yield more ready assent to this statement than the specialist who daily is asked to relieve cases that, through delay, have already reached the point at which his art will not avail.

It must be apparent, after what has been said, that no fixed rules of treatment can be laid down which will be applicable to all cases. The most expert operators differ as to the character of operation, the methods of performing it, and the instruments to be used.

But in a general way it may be assumed that a surgeon thinks best of and does best with the tool he is most accustomed to use. Nearly all operations upon the septum can be done with the knife and saw. There is no doubt, however, that nothing short of a judicious use of these tools, together with the electro-cautery, nasal trephine, burr and drill, hammer and chisel, and gouge and file, give the very best results in the hands of experienced operators.

A word concerning the preparation of a patient for operation may not be amiss here. I usually treat such cases for a week or two before the operation to reduce congestion and swelling, and thus lessen pain and hemorrhage and give more room for operating. The usual sprays and local applications are used, and the indicated remedy is given internally to correct as far as possible constitutional disease or dyscrasia.

When the hour for the operation has come, the nose is first thoroughly cleansed by a solvent and antiseptic spray. A strong solution of cocaine, 10 to 20 per cent, is then applied to the nostrils, first by spray, and then by cotton pledgets soaked in the solution. If both are to be involved in the operation, then both are treated alike; if not, the strong solution is applied only to the one to be operated upon, and a 4 per cent solution to the other. I use the cocaine quite as much for its hæmostatic as for its anæsthetic effect, and for this purpose alone I frequently apply it again by the cotton pledgets during the course of the operation. Notwithstanding this, the bleeding is generally very profuse, and often contributes more than anything else to the difficulties of the surgeon.

Frequently, too, after the operator has begun, the patient suffers from cocaine poisoning, and work must be suspended until he revives. The patient gets pale and calls for water, a cold sweat breaks out, the pulse becomes slow and almost disappears, respiration slow and sighing, and he seems about to faint. I find it best, usually, to lower the patient's head well for a few moments until the pulse strengthens, and then go ahead, even if he has to be held up—the hemorrhage is less than if one waits longer. If the patient becomes fully restored, sensation will probably have returned also, and more cocaine must be applied, and in this way what promised to consume only a few minutes has taken an hour to perform.

I have had infinitely more trouble in this way from cocaine than I ever had from ether or chloroform, and the danger from the former is by no means to be ignored. For some time I have been in the habit of combining phenol with the cocaine solution whenever I have found a patient susceptible to ill effects from cocaine, and am thus able to avoid them (Phenol gtts. ij., aquæ dest. ʒj.; *shake* and add cocaine mur. grs. $\overline{x}$). In my experience no anæsthetic does as well as cocaine in operations on the septum, notwithstanding its untoward effects at times.

Class I., as already described, requires only treatment to put the parts of the narrowed nostril in normal condition and to keep it so, when it is only partially closed. When it is entirely closed, or so nearly so as to obstruct breathing, one of the two procedures is necessary. Either the septum must be weakened by knife or punch, and pressed back into normal position and held there until healed, or, as some surgeons advocate, the obstructed nostril must be forcibly dilated under an anæsthetic. An instrument on the principle of a glove-stretcher is used, and there is no doubt of its efficiency. My own experience has been limited chiefly to the former method. I will recite only one out of a considerable number of such cases, which is fairly typical of both the difficulty and the treatment.

December 12, 1889, A. C., aet. 50, leading member of a large lumbering firm in Northern Michigan; an ex-soldier, and had syphilis during "the war." One year after the close of the war, had his head jammed between two saw-logs, one rolling against it from behind and crushing his head against another in front, resulting in a "broken nose." Two years ago he had a "cancer" cut out of the left lower eyelid by an old-school surgeon in Milwaukee. A bad scar remained, and the lids cannot be closed so as to cover the eyeball.

He applied to me for relief of an ulcer the size of a "nickel" piece on the tip of the nose, extending some distance into the left nostril. The patient and his friends assumed it to be cancer, probably because of its resemblance to the one removed from the eyelid two years before, and it certainly did present many of the clinical features of epithelioma.

In addition to the pain and unsightliness of the ulcer, he complained of "catarrh," which, being interpreted, meant stenosis, pain in head and nose, offensive discharge, nose-

bleed, deafness, etc. Examination showed deviation of the septum to the right, completely closing that nostril. The left nostril was closed also by enlargement of the turbinated bodies, and the ala was the seat of ulcer. Operation was advised, first to heal the ulcer, and later to straighten the septum.

December 13th the ulcerated tissue was destroyed as thoroughly as possible with the electro-cautery, and a dressing of strong iodoform ointment and iodoform gauze applied, with mercurius protiod, 1x., internally. December 18th, cauterized the left lower turbinated body, and the right also, as far as possible. January 13th, the ulcer was entirely healed, and the left nostril and the anterior portion of the right comparatively free. Nothing now remained to be done but to straighten the septum. After thoroughly cocainizing the nose with a 20 per cent solution, both by spray and cotton pledgets, the cartilaginous portion of the septum was weakened by free cross incisions. The whole septum was then grasped with long and strong flat-bladed forceps, and forced back into normal position. As soon as the bleeding, which was profuse, could be checked, the right nostril was packed firmly with strips of iodoform gauze. Two days after, this was removed and the nostril repacked from time to time, until the parts were healed and retained their new position. Some slight difficulty was experienced in keeping open the left nostril, adhesions forming very quickly, but the treatment was so far successful that in the early part of February, the nose being quite open and the catarrh greatly relieved, he was given a cleansing spray, to be followed by an application of glycerine and iodine twice daily, and allowed to return home.

Two months later I received a visit from him, and found both nose and throat quite well. His hearing, too, which had been almost *nil* for the watch, was practically restored.

The remedies used, with the exception of Belladonna for a few days immediately following the operation, were: Mercurius protiod. to January 25th, then Hepar sulphur up to his second visit, after which he had Aurum met. for a time. I have heard from him frequently since through other patients whom he has referred to me, and he still continues well.

Class II. is so similar to Class I. that there is no essential difference in its treatment.

Class IV. presents conditions constantly coming to the notice of the rhinologist. Often they are not large enough to irritate or obstruct, and therefore may not require removal. Inasmuch, however, as they are generally inflamed and irritable when the surgeon is consulted, treatment is needed to relieve and prevent further growth and consequent obstruction. As a rule, all that is necessary in the way of surgical treatment is to apply chemical caustic, such as nitrate of silver, chloroacetic acid and chromic acid, daily or less often to the projecting tissue, at the same time using the spray best adapted to the nasal or naso-pharyngeal catarrh which almost always accompanies the spurs. The indicated remedy is often of the greatest service in these cases, because in most of them there is a constitutional dyscrasia or some more or less general condition to be gotten rid of, and which was, perhaps, the primary origin of the difficulty. In those cases, however, which have advanced so as to act as foreign bodies, crowding and displacing other structures, causing more or less complete stenosis, thus interfering with all the functions of the nose and setting up other diseases, nothing can be done but to remove the offending growth.

Of the many instruments used for this purpose, certainly the saw comes nearest to being universal. There is hardly a spine or projection on the septum that may not be thoroughly removed by it. Nevertheless, in many instances the electric trephine aids it very greatly. A hole is bored through the cartilaginous or bony projection at its base, and from this as a starting point it is sawn through in both directions, just as a carpenter bores a hole through the center of a board and, inserting his saw through the hole, saws outward in any direction he desires. When the spur is small or sufficiently thin at its base, the trephine cuts it completely off, and no sawing is necessary.

Electric burrs are extremely serviceable also, either for trimming off and smoothing down any sharp points left by the saw, or for use alone in wearing down the whole spur. Globular, conical and cylindrical forms are used, and when the enlargement backs up against or sets so closely to other parts that the saw cannot be manipulated, no other instrument takes the place of the burr.

A little instrument that I have used more than any other, perhaps, on anterior septal spurs, is the ecchondrotome. My own has a pistol handle, and simply "drawing the trig-

ger" completes the operation. For rapidity nothing equals it, and when the spur is not more than an inch long—as that is all that can be included in the grasp of the instrument—and is cartilaginous, it answers every purpose. Very frequently, when I have a long spur reaching to the pharynx, and composed of cartilage in front and bone behind, I first remove the anterior cartilaginous part with the ecchondrotome, and then the posterior bony part with the saw, trephine or burr.

By one or more of these methods the most misshapen septum can be made perfectly symmetrical, and a more or less completely obstructed nostril be made perfectly free and open, and, moreover, the relief is permanent. Of the scores of cases upon which I have operated for the relief of obstruction from septal spurs, I do not know of a single failure or recurrence. So much cannot always be said of the results of treatment in cases coming under Class III., for in such we have practically a combination of Classes I. and IV.—a spur with a deflection. But even in them the results are such as to encourage the surgeon to undertake operative procedure whenever the patient suffers serious inconvenience or ill health because of deformity. The operation must necessarily combine the methods of treatment of the other forms in many cases. In a goodly number, fortunately, removing the spur alone is sufficient. If the patient thus gets sufficient breathing space, and the source of irritation is removed, nothing further need be done. If not, a second operation for straightening the septum can be done. In the majority of cases some sort of interference is needed, and operation is the only thing, as a rule, that gives complete relief. I shall not trespass upon your time and patience further than to cite one clinical case which is fairly illustrative of septal spurs:

Miss H., aet. 20, a student. She had suffered for years from that popular disease, catarrh, which, like "dyspepsia" for the stomach, is made to do duty in accounting for all the numerous nasal disorders. In her case obstruction of the right nostril was the chief and annoying symptom. She had been treated for four months by a prominent old-school physician of our city, who for years has claimed to make a specialty of nose and throat diseases. He had made more or less daily local applications, including caustics, causing a great deal of pain, but giving no relief, the reason for which the sequel will show.

Her brother, the manager of a manufacturing firm in Cleveland, visited her at the end of this time (September 18, 1891), and finding how things stood, brought her to consult me. On examination I found a septal spur just opposite the lower turbinated body, and running the whole length of the septum. The spur itself effectually closed the lower half of the nostril, and the swelling of the parts above it, due to the irritation, completed the stenosis. The pharynx also was inflamed and irritable and the tonsils enlarged and cystic. She was given treatment, local and constitutional, to reduce irritation and swelling, and on October 5th, after cocainizing the parts thoroughly, I removed the spur at one sitting with the saw; and the excised bone that I have here for your inspection indicates how futile the former treatment must have been. The relief was immediate. As soon as the hemorrhage was stopped and the parts thoroughly cleansed and dried, they were covered with iodol powder and packed with cotton wool. The tonsils were treated later on with the electro-cautery. The nose healed rapidly, and after five or six weeks' further treatment, chiefly for the throat, the cure was complete. The septum is now perfectly smooth and straight, the breathing space large and free, and the "catarrh" even entirely gone.

I select this case out of many similar ones recorded in my case book, because it was one of uncomplicated septal spur (Class IV.), very little, if any, deflection being present. It shows, I think, very clearly how much trouble may be due to a simple spur, how necessary operation may be, and how perfect the relief when it is done.

Uterine hemorrhage may be checked by the application of heat over the dorso-lumbar sympathetic ganglia, in a double columned Chapman hot water bag. The water should be 120° F. The bag should be filled and placed over the spine. The bottom of the bag should not be lower than that portion of the lumbar region directly opposite the crests of the ilia and extend straight upward; the spinous processes fitting in between the columns of the bag. Directly the hemorrhage ceases, and the womb contracts firmly, the bag should be removed, to be used again immediately if required. The bag should be refilled every hour and re-applied until satisfactory results are obtained and taken away until again necessitated.—*Lancet.*

OBSTRUCTION OF THE LACHRYMAL PASSAGES AND INTRA-NASAL LESIONS.

By THOS. M. STEWART, M.D.
CINCINNATI, O.

TO many of the journals in the past few years essays and cases have been contributed going to show the intimate relationship between diseases of the lachrymal apparatus —the drainage system of the eye—and disease in the nasal passages. From careful clinical discrimination, the author's experience coincides with that of other observers in the statement that the close association of ocular and naso-pharyngeal disease is not limited simply to the lachrymal passages, but that many phlyctenular troubles depend on some nasal irritation, and are often very closely associated with adenoid growths in the pharynx. Many of the orbital and ocular pains are associated with disease of the frontal sinus, ethmoid cells, or antrum of Highmore. The mucous membrane of the head is continuous and common to all parts of the head having a mucous membrane, and proper regard for this fact will more often bring success in the treatment of diseases in any part of it, than attention simply to the particular part diseased.

The cases herein reported do not illustrate any new points; they only emphasize some old ones. Their greatest interest to me is in relation to obstructive lachrymal disease; the largest success in the treatment of the latter follows the use of intra-nasal treatment in addition to the ordinary means for rendering the lachrymal passages patent, in those cases in which the obstruction is at the lower end of the duct or from intra-nasal lesion.

CASE I. *Stricture of the nasal duct; large hypertrophy of the left inferior turbinated bone.* —Patient, a carpenter by occupation, aged forty-five years. Epiphora marked in left eye, moisture gathered on glasses preventing continuous work. Left inferior turbinated bone largely hypertrophied, stricture of the duct at the lower opening. The hypertrophied nasal tissue was reduced, a No. 2 Bowman's probe was passed with a resistance to its passage at the lower end of nasal duct. After passage of probe, duct was irrigated on several successive days with a solution of common salt, the fluid after the third day trickled *readily* into the nose. The epiphora stopped after a few days, and during last six months patient has been treated for other eye trouble, but nothing at all to do with the lachrymal passages. The case had had considerable treatment for the epiphora without success.

CASE II. *Phlegmonous dacryocystitis; deflection of septum; spur on right side pressing on inferior turbinated bone.* Patient aged thirty-two years, a tobacco merchant by occupation, presented himself for treatment on account of an extensive lachrymal abscess with a small opening and great infiltration of lower lid and cheek. The abscess was incised, pus cavity washed out, and an antiseptic dressing applied. In two days all swelling having subsided, the canaliculus was slit, but the probe would not pass. Examination of the nose revealed a deflected septum in front, spur on right side pressing on inferior turbinated bone. After a few days' preliminary antiseptic treatment to nasal passages, the hypertrophy was reduced, and on same day a probe was passed, since which time it has been passed repeatedly. Epiphora decreasing day by day.

CASE III. *Descemetitis, obstruction in both nostrils, swollen turbinated bones.* Introduced here to show other relations of nasal lesions than those of lachrymal passages. Began treatment in April, 1890, reduced nasal obstruction in May, after using internal treatment with no benefit, in June case reported cured, vision 16-20 in affected eye.

These cases are cited simply to call attention to the dependence of epiphora on nasal disease, and the writer does not intend to refer to what are the best means of treating lachrymal disease, except in so far as these are implied by the descriptions of the lesions which existed in the examples reported. There are those who believe that small probes are the best, and those who believe in the use of larger ones; some say probes should not be used at all. Astringents and antiseptics, incision of the strictures, the wearing of styles and canulas, all have a place in the minds of ophthalmologists, but it is evident that the rational treatment of certain types of obstructive lachrymo-nasal disease must also include intra-nasal treatment after a thorough examination has determined the conditions present.

104 WEST EIGHTH STREET.

Pilocarpine will in some cases change the color of the hair to black or brown. Cayenne pepper will change the color of Canary birds to orange. Parrots are changed from green to yellow by feeding certain kinds of fats. Madder stains the bones of pigs red. Pokeberries color crows' bones purple.

SELECTIONS.

"High Potencies," and How They are Made.

[We recently received from one of our readers a letter of inquiry, asking: "What are 'high potencies,' and how are they made?" We had supposed that every physician of our school was informed on this subject, but since there seem to be some who are not, we publish the following, which we find in the *British Journal of Homœopathy*. It tells the "bottle-washing" process of making "moonshine" potencies.—Ed].

Those given at the bedside were globules of the 1m. dilution, obtained from a firm of druggists in Chicago, the efficacy of whose preparations was vouched for by several practitioners in that city. The patients seen in my own consulting-room received prescriptions to be made up by the local chemist, who obtained his supplies from Messrs. Heath & Co., Ebury Street, London. The latter prepare their high potencies by means of Dr. Skinner's fluxion process. Those purchased in Chicago were produced by a similar method.

The employment of dilutions above the 200th being an advance on the practice of Hahnemann, who rarely used anything higher than the 30th, a corresponding advance in the method of preparation has been found necessary. The time requisite to prepare the 1m. dilution according to his directions would be so great that in all probability one could never rely on getting the potencies desired by that means. To illustrate this difficulty, I here quote a paragraph from a paper by Dr. Rhees, in the *Medical Advance* of October, 1891. The writer calculated that "a man in good health could make the 1m. in 4⅛ days of eight hours each, by constant unintermitting labor, providing his arm held out. At the same rate, the CM. would require 416 days, and the MM. 13 years. The time in each case might be reduced by one-half by measuring the alcohol instead of dropping it. Thus, the time required to raise one remedy from the tincture to the CM. potency by the quickest process, viz.: by measuring the alcohol instead of dropping it, is 208 days. To raise 200 of the most important remedies would require more than 132 years, and you would then have only a single drachm of each potency." To overcome this great obstacle of time, what is known as the "fluxion process" has been devised. This process consists, briefly, in allowing a stream of water to flow into a vessel containing a measured quantity of fluid, by means of a tube carried down to the bottom of it. Connected with this there is a clockwork mechanism, by means of which the vessel is rapidly filled and emptied a given number of times relatively to the potency required; and in this way the highest dilutions can be prepared in a comparatively short time. It will be at once observed, however, that whatever advantage this method may possess in saving time, it can hardly be so accurate as the hand method. Calculations have indeed been made which show, or are alleged to show, that the dilutions prepared by the fluxion process are not really what they profess to be. Thus, it has been asserted that the CM.'s produced by Swan and by Fincke are in reality only equal to the 15,000th, if prepared by hand on the Hahnemannian centesimal scale. In view of the doubts that have been raised as to the true degree of attenuation of these drugs, it might be more satisfactory to employ only the hand-made preparations. In that case we would be certain that the dilutions were really what they were numbered, though, by this restriction, we could never go beyond the 200th, that, I understand, being the highest hand-made potency.

Anti-Fat.

There have been several "anti-fat" remedies put on the market at different times, but none of them have been successful—those that actually reduced the fat doing so by means of minerals that were bad for the health. During the past two or three years there has been considerable attention devoted to a remedy said to be a good anti-fat, which, as it is not a secret preparation, we propose giving here what is known concerning it. The remedy is the expressed juice of the common *Phytolacca* berries preserved and made into pills or tablets.

Dr. Griffith, in the *Medical Summary*, says: "The dose is two pills before each meal, sometimes increased to three or four. They diminish the appetite to some extent. In some cases the reduction of weight is remarkable, as much as fifteen to twenty pounds per month. Blondes are more especially affected by them; brunettes not so much so. The reduction is frequently apparent the first week; a feeling of lightness and comfort follows their administration. One patient lost forty pounds in three months and suffered no inconvenience; the average is from ten to fifteen pounds per month. * * * I am some-

what surprised that this treatment has not received the attention it merits. In a large number of cases treated, no symptoms of a dangerous character have been reported, and but few failures of a satisfactory result. The remedy seems analogous to *Iodide of Potash*, and acts in chronic rheumatism similarly. I have found it efficacious in that painful form of rheumatism of the arms and shoulder, of which so many complain.

"I have failed to notice many physiological symptoms: Some sleepiness and dullness for a few days, but this passes off soon. It does not constipate the bowels, but rather acts as an aperient. It seems to have the power of causing absorption of adipose tissue in a great degree."

Dr. Boocock, in the *Homœopathic Recorder*, says:

"I have used this as an anti-fat remedy for several years, and know that it is good, having proved it upon myself. My grandfather was a great ale and beer drinker, and, of course, had a very large corporation—big belly. He used to tell me that grandfather would never be dead as long as I was alive, meaning that I would grow like him. This used to scare me as a child, but judge of my annoyance, as I grew to manhood, and found the prediction becoming true, and in late years I was very much troubled about it. In studying *Phytolacca*, I saw the statement about birds, and began trying it, and always with much benefit. My own corporation is entirely gone. I can stand up straight and look down my body and see everything. * * * While I was taking these drops I felt as light and springing as a bouncing ball. Could run and jump with any boy. I am now fifty-eight years old, and took my Saturday half holidays in the cricket field, playing that manly and scientific game.

"I have used it on others, and all with benefit. Some very fat women have been made comfortable. I have used it, medicating No. 35 pellets with this tincture which dyes them pink, and all have spoken highly of the pink pill. By actual measurement their fat (adipose) has been reduced by inches. It was easier to keep track by measure than by weight. In a few cases they have said they gained in weight, while they grew less in bulk, but all confessed to the elasticity they felt.

"Stiffness of the shoulders, difficulty in getting coats on and off, and difficulty to get hands up to the head—it has done some splendid cures.

"I have one case in hand now of a chronic paralytic-rheumatism of the thighs I am trying it upon; it has done great good already, and I have a hope it will cure with the hot iron rubbed over the stiff cords daily."

There are also papers from Dr. Waterhouse and Dr. Standlee, Eclectic physicians, on the subject, but while praising the action of the remedy, they give no further information on the subject than is contained in the above extracts. The remedy may be obtained at any Homœopathic pharmacy in the form of tablets, each tablet containing two drops of the berry juice. They are put up in glass-stoppered bottles, holding 1,000 tablets, and these sell for $1.00, or are sent by mail for $1.15.

All of the foregoing is given "for what it is worth." Like all other remedies, the *Phytolacca* anti-fat seems to be very beneficial in some cases, and of no use in others. As for dose we should say one, two or three tablets before each meal, to be stopped, or amount lowered, if any ill effect be noted. It is well enough to tell fat people to eat less, but many of the fat ones are small eaters, and when they lose flesh by eating less, lose strength at the same time. A remedy that will reduce fat and not affect the health would be a blessing. Let us hope it is found in the *Phytolacca* berry. A word of caution is necessary here. There is an old remedy called *Phytolacca*, but it is made from the roots of the plant, and must not be confounded with the juice of the berry, from which the *Phytolacca* tablet is made. The color of the tablets is a dark purplish red.—*Homœopathic Envoy.*

Empyema in Children.

The patient I present is a boy four-and-one-half years old. Four weeks before I first saw him, four-and-a-half-months ago, pneumonia began, the consolidation involving the whole right lung. For ten days the temperature was high, ranging from 103° to 105°, then for two weeks from 101° to 103°. Latterly, there had been cachexia, free expectoration and considerable sweating. There was no family history of tuberculosis, and child was in fair surroundings. He had been seen by a number of physicians, and by one of the most eminent consultants of the city, who diagnosed tuberculosis and ordered him to the country.

At my first examination the left lung was

found normal. Over the whole right lung, anteriorly and posteriorly, there was dullness, and flatness anteriorly from apex to nipple. Distant bronchial breathing over whole right lung, and feeble, fine, moist and cracking râles everywhere, except over the area where flatness was noted. Heart was slightly displaced to the left. A needle was introduced in axillary line with negative result; but a syringeful of pus was obtained when introduced near nipple.

After the first visit, for four days, temperature was 101° to 104°, and child was in critical condition. On fourth day an incision was made in anterior axillary line, under chloroform, and a drainage-tube inserted, three or four ounces of pus being evacuated. During the night five or six ounces of pus discharged in dressing.

The temperature did not rise above 100° after operation. Tube remained *in situ* about ten days, with considerable discharge of pus and shreds of fibrin. The wound healed in about ten days after removal of tube. His improvement since has been surprising, and you see today he shows no evidence of any serious illness.

Physical examination now shows the breathing to be a little rude anteriorly. Resonance fair all over lung. Measurement shows no difference in two sides of the chest. With the exception of the cicatrix, any signs of disease in the lung would only be noted after a careful examination.

Empyema is quite a common condition in childhood; fully nineteen out of twenty cases seen follow pneumonia. It is due to the pneumococcus which finds its way into the pleura, and sets up inflammation there. Other causes in children under three years are so rare that we can practically eliminate them. In adults tuberculosis is a common cause, but a very small percentage of cases in children are due to it.

In obtaining the history we can nearly always get that of an antecedent pneumonia. The child presents a cachectic appearance, is pale, and poorly nourished, with gradual or rapid loss in weight. There is nearly always cough, and frequently expectoration, and night sweating. There is generally fever from 100° to 104°; it may range only from 100° to 101°, which without a thermometer one might overlook, or there may be an absence of fever altogether.

The physical signs are few but very significant. There is *flatness* on percussion, which with children, almost never occurs in pneumonia, and is always suggestive of fluid, especially if it is found all over one side, as it is rare that pneumonia involves the whole of one lung. The displacement of the *apex beat of the heart*, is always suggestive of fluid. There is *absence of râles* and *friction-sounds* which are always found in resolving pneumonia. If râles are heard over all of the lungs save a small area, look out for sacculated empyema. *Bronchial breathing* is practically the rule in empyema, it being distant and feeble. If the symptoms are suggestive, and the physical signs obscure, *puncture*. The early diagnosis is so important that we should puncture, and repeat several times if at first not successful. Don't use too small a needle, and be careful not to pass the needle through the pus into the lung, which may readily be done. It is a perfectly harmless procedure if care is taken and attention paid to details. Cleanse the needle thoroughly and carefully wash chest, and hold the arms well up so as to get a good field. If necessary, give a few whiffs of chloroform; and it is so important to do it thoroughly, make as many as ten or twelve punctures if necessary, to satisfy yourself as to the presence or absence of pus.

The diagnosis then is made by the physical signs given, flatness on percussion, displacement of the heart, absence of râles and friction-sounds, distant bronchial respiration and exploratory puncture.

It is undoubtedly possible that cases may get well without surgical treatment by absorption of the pus, but this is so unlikely that we should never wait for it. There are cases on record, however, where the diagnosis has been confirmed by puncture, which have gone on to recovery by absorption without treatment.

Spontaneous recovery may occur from rupture into the lung and discharge of pus through a bronchial tube. A child may have a violent coughing spell, and in half a day expectorate six or eight ounces of pus. There is no mistaking this condition, but it is very rare.

Again, spontaneous recovery may occur by rupture of pus externally. The empyema almost invariably opens in front near the nipple.

You perhaps remember a case I presented the class two weeks ago, of extreme lateral curvature, in which there had been a spon-

taneous external opening in an empyema, from which there was a discharge of pus for five years before complete arrest. There was a difference of seven inches in the measurement of the two sides of the chest, with no expansion of the affected side perceptible.

What are the chances of cases getting well if not treated surgically?

In the statistics of Rilliet and Barthez, of thirty-three cases not treated surgically twenty-one died.

The methods of surgical treatment in vogue are *aspiration*, *simple incision* with drainage and incision with *rib resection* for the same purpose. Aspiration, I believe, should be relegated to oblivion; it only gives a possibility of a cure. Cases require almost invariably repeated aspirations, and cavities can never be evacuated completely. Often the needle is blocked by large masses of fibrin so that the pus cannot be removed. By waiting and aspirating again and again valuable time is wasted. I, at the present time, use aspiration in only one condition,—as a preliminary to the subsequent operation of incision. When there are present very urgent symptoms, and patient cannot stand operation, or you are not prepared to perform it at once, aspiration may be done and a few ounces of pus taken out; enough to relieve the urgent dyspnœa temporarily, but not with the idea that you can thus cure the case. I was much surprised at a recent discussion of aspiration of empyema, to hear one of the best surgeons of the city advocate this procedure in children. It is a waste of time, has to be repeated every four or five days, and the advantages claimed are more than offset by the disadvantages. This is conclusively shown by the following statistics of aspirated cases which I have recently collected:

Of *one hundred and twenty-one cases treated by aspiration twenty-three were cured, six died, and ninety-two came to some other operation.*

Simple incision with drainage is the easiest, most rapid and most efficient method of cure. The dangers and disadvantages of the use of anæsthetics in this operation are considerable. I have known of one child and two adults who have died on the table while undergoing operation for empyema under anæsthesia. The danger is particularly great in old cases; that is, in cases in which pus has been present for some months; the patient struggles violently under the anæsthetic, the pus ruptures through the sac and into the lung, and the child suffocates.

Local anæsthesia in the majority of cases is all that is found necessary. Cocaine or ice may be used. I generally use the former, as I came near losing a patient myself under general anæsthesia. The amount of disturbance of the heart and lungs is great already from the presence of fluid, the displacement of the heart, and the twisting of the great vessels, without the added danger from chloroform or ether.

It is well to explore the field again by puncture, just before you operate, to ascertain if pus is still there. The point of incision should not always be at the most dependent point; but if the chest is full, make your incision about the seventh or eighth space behind at angle of scapula, which, when the child is lying down, will be the most dependent point, and will give the best drainage. If the tube is at lowest part of the chest the diaphragm rises as the cavity contracts, is approximated to the chest wall, and the tube may be thus occluded.

Briefly, the operation is as follows: Make your incision in the middle of the intercostal space; carefully dissect down; nick the pleura when it is reached; then, with a grooved director and probe-pointed bistoury, make your incision in it from one to one-and-one-half inches in length. With your finger introduced into the cavity break up adhesions, or it may be necessary to use a sound to reach those you cannot get at with your finger.

Now, shall we let out all the pus at once or not?

My preference is to let but one-third or one-half escape, then put on dressings and allow the remainder to escape gradually into them through the tube, during the next twenty-four hours. Reaction may follow when all is let out, and a gradual expansion of lung is very desirable. The next question is that of washing out the pleural cavity.

Is it necessary? if so, shall it be repeated?

In the vast majority of cases it is not necessary. It irritates the pleura when frequently repeated, increases the discharge, aggravates the original condition; and it is not free from danger, as death has been known to occur from simple irrigation of the pleural cavity. If employed, nothing but boiled water should ever be used, and I think its use should be limited to fetid discharge as in gangrene of the lung. In ordinary empyema it is not called for.

Free incision with perfect drainage, asepsis, a clean wound, and nature does the rest.

Don't leave the tube in too long. It should be originally six or eight inches in length. At each dressing, which should at first be every day, then every other day, withdraw the tube gradually, cutting off a half-an-inch at a time and you are generally able to get rid of it in from ten to fourteen days. If kept in longer it rarely serves any other purpose than to keep open the wound. An ordinary dressing is employed; a strip of iodoform-gauze underneath the safety-pin with which tube is transfixed to prevent its slipping in chest; some antiseptic gauze over it, a large mass of absorbent cotton over all, with a bandage or binder confining it to the chest.

The dangers of incision are none. It is better than aspiration as already stated, and is rapid and safe. The trouble comes from delay in operating; the lung is coated with a thick layer of fibrin which becomes organized and expansion is impossible; if the operation is done early the fibrin is absorbed and expansion is rapid.

Rib resection in the vast majority of cases is not necessary. It is required if there is not perfect drainage after simple incision, which is indicated by a continued elevation of temperature. An incision is made down on a rib two-and-one-half inches long, the periosteum is peeled back with periosteum elevator, the rib resected with bone forceps. Freer drainage is obtained, as a double drainage-tube can be inserted through the larger opening. The rib is generally reformed if the periosteum is preserved, though there is always more recession of chest when rib has been resected than after a simple incision.—*Dr. L. Emmet Holt, in Archives of Pædiatrics.*

The Old Physic and the New.

In his method of treating the sick, the practitioner of the old school had a lively sense of the value of medicines and of remedial substances generally. He cared little or nothing about hygiene. He let his nurses draw down the blinds of the windows in the sick-room, and make it a dark and dirty dungeon, without the slightest compunction. He had no love for open windows; and, unless the weather were very cold, he never troubled about the fire or the external temperature, but he enforced freedom from noise, and secured mental repose by directing the street below to be covered with straw. He ordered low diet in acute cases; and, as a rule, he knocked off stimulants so rigorously that his permission to administer a glass of wine, or beer, was looked upon by the joyful family as a first and certain sign of recovery. He never for a moment forgot his potent remedies. The lancet, the cupping-glass, the leech, the calomel pill and black draught, the effervescing mixture to be taken every three or four hours, the sleeping draught, the cooling lotion to be applied to the head, the blister and the blister ointment, followed by the "tonic" day after day "during convalescence"—these were almost inseparables from his routine. Say what we may of him now, the doctor of the old school was right loyal to his remedies. He had at his command fearful means, and he stuck to them. They were not many nor much varied, but such as they were there was no mistake about them. Tartar emetic in sixth-of-a-grain dose until it was "tolerated"; mercury until it "touched the gums"; half an ounce or even an ounce of Epsom salts; effervescing tartrate of potash or soda mixture *ad libitum;* bark up to cinchonism; and occasionally a bolus! But the great remedy was bloodletting: every man carried a lancet; and a tortoise-shell lancet-case holding two bright blades was considered the most befitting present for a youth about to be articled. Mine, I keep still as a souvenir. It was a joke to direct a youth to learn to practice venesection on what were called "the veins of a cabbage-leaf;" and some, thinking it proper advice, did, in their innocence, begin in that style. The lancet, in frequent use, was supplemented by the leech and the cupping-glass. There is no wonder that, in the treatment of acute disease, medicine was not eminently successful in the old days. The wonder is rather that patients recovered so well as they did. The famous Dr. Gregory, when piling on the "heroic treatment," would say to his students, "Don't be alarmed, gentlemen; it takes a great deal to kill a man." Gregory was right, and if some were not really killed, it was more by good luck than good management. It was not successful treatment, as all who have lived to compare it with our reformed treatment admit. It was bad at the time, for it left many bad after effects, and it was far worse than no treatment at all of a medicinal kind: a fact, the discovery of which every honest observer must in justice accord to the schismatic school of homœopathy. The contrast between new and old physic in matter of practice is striking. Our fathers followed Galen in the view that every practitioner ought to hold all his remedies in

his own hand and dispense them himself; the chemist and druggist was the demon. Now it is considered too commonplace for the doctor to dispense his own remedies, and when he does so, it is as a sort of favor or necessity—something thrown in, to form, incidentally or not at all, an addition to the fees for attendance. The pharmaceutist pushes his trade industriously to meet our wants, and our wants are many. He grows bolder; he invents for us in advance of our needs. He floods our breakfast tables with his nostrums, advices and temptations. He is a professor of materia medica, pharmacology, hygienics, diet and regimen, all rolled into one. He has a new remedy for every day in the year, with two for holy days, so that any remedy that lives for a year, has a long life. The result is that a large section of practitioners is flying after everything, trying everything, and holding fast by nothing; whilst another smaller section is giving up everything, or, in state of greatest activity, is playing placebo with considerable luck in the play, to their own astonishment. For several years past specialism, has taken such hold on the public mind, that perforce, the universalists have been almost driven to haul down their colors. Some particular persons seem to have as many specialists as they have organs. I know a lady who boasts of her eye doctor, ear doctor, chest doctor, heart doctor, brain doctor and nose doctor, as well as what she calls her "general prac."; and of all of them she speaks as if they were men of different profession, just as she might speak of her watch-maker, her bellows-maker, or her undertaker.—*Dr. B. W. Richardson, in the Asclepiad.*

Ocular Appearances.

The eyes are congested in variola, scarlet fever, rubeola, yellow-fever, typhus fever, meningitis.

They are projecting in asphyxia, hydrocephalus, hydrophobia, exophthalmic goitre and sometimes in functional heart disease.

They are sunken in collapse, cholera and hectic.

They are staring in convulsions, apoplexy, catalepsy, meningitis and dementia.

They are rolling in epilepsy and tuberculous meningitis.

They are photophobic in hysteria, meningitis and cephalalgia.

The pupils are dilated in syncope, hysteria, collapse, asphyxia, epilepsy, drowning, uræmia, coma; generally in phthisis; poisoning by belladonna, atropia, fungi and many vegetable irritants and narcotics.

They are contracted in concussion, sunstroke, typhus fever, hemorrhage of the pons; in poisoning by opium, morphine, prussic acid, calabar bean, ergot of rye, and pilocarpine.

At first contracted and afterwards dilated in compression of the brain, in poisoning by alcohol, ether and chloroform.

At first dilated and afterwards contracted in severe apoplexy.

They are unequal in paralysis, compression of the brain and posterior spinal sclerosis.

They are frequently oscillating in epilepsy, typhus and spinal sclerosis.

In diseases of the eyes external signs facilitate diagnosis.

Congested in conjunctivitis, trachoma and ophthalmia.

Dilated in mydriasis, glaucoma and amaurosis.

Contracted in myosis, retinitis and iritis.

Photophobic in strumous ophthalmia, amaurosis, iritis, sclerotitis, choroiditis and retinitis.—*Dr. Louis Lewis, in Times and Register.*

Poisoning by Cocaine.

Berger reported a case of poisoning by cocaine at a recent meeting of the French Society of Surgery. The patient was a healthy young man, with a hydrocele the size of a turkey's egg, very tense, which was tapped and evacuated, and a spoonful of a two per cent solution of cocaine (estimated to contain forty centigrammes—about seven grains—of the alkaloid) injected and at once allowed to run out, apparently the whole quantity being recovered. An injection of tincture of iodine was then made into the sac, and the patient walked out, but soon returned complaining of feeling ill, and falling into collapse, in spite of vigorous treatment, he shortly died in coma preceded by convulsions. The autopsy revealed no other cause of death, and nothing to account for the patient's idiosyncrasy. The hydrocele-sac did not communicate with the peritoneal cavity.

In the discussion which followed, two other cases of accidents after such injections for hydrocele were reported, but they were not fatal. Reclus claimed that accidents would not

happen if not more than ten centigrammes (about one and one-half grains) of cocaine were employed, and he had himself operated over sixteen hundred times without any accidents. Pozzi had seen an alarming condition follow an injection of two and one-half centigrammes (less than half a grain) into the gum to open an alveolar abscess. The reviewer feels compelled to add that with such large doses as were employed in the fatal case, and other cases mentioned in the discussion, the alarming symptoms are not surprising.—*Int. Med. Magazine.*

The Treatment of Suppurating Inguinal Glands.

The surface is first cleansed and rendered as far as possible aseptic. An anaesthetic is then administered and free scraping with Volkmann's sharp spoon performed, as well as the removal of the glands and sloughing adenoid tissue.

It is not necessary to divide bridges of tissue between neighboring sinuses so long as the under surfaces of these are carefully scraped. The spoon is freely applied to all parts covered by granulations, and a smaller sized instrument passed along the canals leading deeply. All exposed glands are torn away or twisted from their attachments and the bed on which they lie scraped. The cavity is washed out with a solution of chloride of zinc (grs. 20 to ℥ i). A thick pad of antiseptic gauze is applied and firm pressure maintained by means of a spica bandage, as a precautionary measure, and in the more extensive operations, in order to avoid movement an outside bracket splint is used.—*The Practitioner.*

The Enlarged Prostate and Its Operative Relief.

After a careful résumé of the work of other surgeons in this field and a report of eight cases of his own, Prof. Keyes arrives at the following conclusions:

1. Prostatectomy is justifiable, and does what nothing else can.

2. The perineal operation is moderately less severe, but decidedly less reliable, than the supra-pubic. It should rarely be preferred unless there be urethral complications. In very feeble men it may still be elected.

3. The operation is not justifiable with present statistics if the patient can be comfortable in catheter life.

4. No physical condition of the parts or of the patient, short of a practical moribund state, contra-indicates operation. By it in desperate cases life is often actually saved, although the operation is a grave one and its mortality high.

5. With the rongeur—better than any instrument—the bladder outlet can be lowered, and polypoid or interstitial growths jutting into the prostatic sinus can be removed, and these points are more essential to a successful operation than is the taking away of a large portion of the prostatic bulk. The instrument next in value is the curved scissors, but the skilled finger is most important of all. Most of the work has to be done by the aid of touch, as the bleeding soon becomes free and renders visual inspection impossible.

6. Diuretin, perhaps, is of value when the kidneys are damaged. It certainly does no harm.

7. Chloroform alone, in my opinion, should be used as an anæsthetic, for the kidney's sake.—*Med. Record.*

The Effects of Pneumonia on the Kidneys.

I think the relations of pneumonia to renal pathology may be fairly stated in the following conclusions:

First. Pneumonia may, and generally does, produce some degree of hyperæmia of the kidney; the amount of hyperæmia depending partly upon the area of lung involved and partly upon the temperature of the patient.

Second. Albuminuria is frequently present in pneumonia, beginning in the early stage, and continuing until defervescence is established, when it generally disappears.

Third. Hyaline tube casts are not uncommon in pneumonia, but they are likely to be small, few in number, and destitute of morphological elements, and are therefore likely to escape notice.

Fourth. The albuminuria of pneumonia may persist, and become the starting point of chronic nephritis.

Fifth. In many cases chronic interstitial nephritis antedates the pneumonic attack.

Sixth. Experience shows that renal congestion, as demonstrated by albuminuria and tube casts, may occur in any and every case of pneumonia; therefore the usual methods of diagnosis of renal lesions should be employed in every case of pneumonic invasion.

Seventh. There are no characteristic or constant ulterior effects produced by pneumonia upon the kidneys; but if any such

effects follow, the most likely lesion is chronic parenchymatous or tubal nephritis.—*Dr. I. N. Danforth, in Medical Recorder.*

The Proper Method of Applying Obstetric Forceps.

1. Anæsthetize the patient and place her in proper position—buttocks well over the edge of the bed, and each limb supported by an assistant.

2. Ascertain the position of the head, introducing within the vagina two or three fingers, or if necessary the whole hand.

3. Apply the blades of a Hodge type of forceps to the sides of the head, with the concave edge directed toward the occiput. If for any reason this cannot be accomplished, withdraw the instrument and substitute a Simpson (or Elliott) passing the blades to the side of the pelvis. While making traction with this method, watch for anterior rotation of the occiput, and encourage it in some cases by reapplying the blades to better advantage.

4. Make every effort to secure antiseptic condition during the operation. The fingers, hands and forearms of the operator, the external genitalia and vagina of the patient, the instruments and the hands of the assistants, should be clean and aseptic.—*American Journal of Obstetrics.*

Peculiar Case of Diphtheritic Paralysis.

About a year and a half ago one of my younger brothers, living in a Western town, was infected with diphtheria. This of course passed to the throat, and after the original trouble was apparently cured, I had him brought to this city. Five weeks after he had the diphtheria he was taken with acute myelitis, and paralysis of the entire body was complete, both of sensation and motion. He was unable to swallow even a drop of water, and during this time he had the "schluck pneumonia" of the Germans, caused, as was afterwards ascertained, by a piece of meat that had passed into one of the larger bronchial tubes. His temperature ranged from 101 to 105 degrees, and was kept down by sponging. The treatment consisted of predigested foods, egg-nog and stimulants. I fed him with a stomach tube for four weeks, the tube being passed every three hours, night and day. I gave him an average of sixty ounces in twenty-four hours of concentrated predigested food and egg-nog. The egg-nog consisted of one egg, a tablespoonful of brandy, about three ounces of milk with cream added, and enough boiling water to make six ounces. During this time all the reflexes were completely abolished, and emaciation progressed to a remarkable extent, but he made a good recovery and is now playing in the center rush in a football team. He was at the time of his sickness nineteen years old.—*Dr. G. W. Webster, in Chicago Medical Recorder.*

Common Neuroses.

In the production of constipation there are two predominant factors—the influence of the nervous system direct, and the influence of habit. The influence of the nervous system shows itself by a phlegmatic reaction to the natural stimuli, an action natural to the individual; or an unhealthy one, due to a lowered vitality of the centers involved. In melancholia, hemiplegia, acute and chronic inflammatory conditions, and so on, the derangement of the bowels is an important element for consideration in promoting the cure, yet the morbid condition of the nervous system precedes.

The intestine, as regards constipation, is a highly sensitive organ from which we can very often read the temperament or disposition of the man. But that is not all; it is an index of the state of nervous tone and vigor of the patient; and there is many a state of constipation that is not a case for aperients at all, but requires the liberal use of tonics.

On the subject of habit; it is sufficiently obvious that the repeated recourse to aperients conduces to constipation and engenders a habit that the chronic piller will not leave off, because if he does he never has a satisfactory evacuation. The chronic exhibition of aperient drugs, which are in most cases irritating, engenders a state of periodical excitement in the peripheral nerve endings of the intestine, and ultimately raises the unnatural condition to a natural one for them.

It is not only in constipation that the neurotic tendency of the bowel comes into play; it is even more strikingly seen in the explosive diarrhoeas that are common in children and sometimes in adult age. And this question of diarrhoea leads on to another very interesting disease that has been called membranous colitis, a condition in which casts more or less perfect are passed from the bowel. In children the name of *mucous disease* has been given to this condition, in which an excess of mucous is passed from the bowels.

This mucous disease of children is represented in adults by membranous colitis, and in all the neurotic constitutions is a constant feature.

And in regard to uterine and ovarian neuralgia I may here say a few words: "It is a bad day for a man when he first knows he has a heart; it is a ten times worse day for a woman when the pelvic pains to which so many are subject, are focussed for her by medical opinion upon uterus or ovary." If there is anything that curdles my blood, it is to hear a woman talk of her ovaries as of some intimate acquaintance.

One other subject and I am done. The most dear to the neurotic is a torpid liver. The liver is a much abused organ, and there are thousands of people in the "civilized" world, who are being physicked for their livers with nothing the matter with them save a dulled or flabby nervous system.—*Dr. J. F. Goodhart, in The Lancet.*

Continued wakefulness is a crying call to review one's habits and see what is wrong. There is, perhaps, mental unrest, irritation or overwork, in which case laziness is to be assiduously cultivated. We may depend upon it, there is some want of balance. One chord is played upon too much, others are silent, and so the mental mechanism is all out of tune. Wisdom, then, dictates a reconstruction of habits. At all events, the wise person will not resort to opium, chloral or any other sedative that steals away life while soothing it, and fixes habits which cannot be overcome.

Much depends upon the power of dismissing thought and becoming almost a blank. Napoleon had this faculty, and many another noted person. The late Lord Napier was believed by the British officers to owe his immense strength and power of endurance to the faculty of going to sleep at any moment when not particularly engaged. One of the famous politicians of Massachusetts, now an old man, yet with the vigor of a boy, has the same gift. In all these and in similar cases there is both concentration and determination.—*Good Health.*

To stop hiccough, strongly compress the left phrenic nerve, between the two sterno-clavicular attachments of the sterno-mastoid muscle. Digital compression (which is very painful) is used for three minutes, and the hiccough completely disappears. It has been used in chronic, as well as acute cases, with complete success.

THE WORLD'S CONGRESS AUXILIARY

OF THE WORLD'S COLUMBIAN EXPOSITION.

The World's Columbian Exposition of 1893 will be made notable by a series of congresses to be held under the auspices of the World's Congress Auxiliary. This is an organization authorized and supported by the Exposition management, and approved by the United States government. Ample audience rooms, with special facilities for sectional as well as general meetings, will be provided by the Directory of the Fair in a magnificent Art building to be erected on the lake front. It is confidently expected that these congresses will add very greatly to the character and utility of the Exposition, and leave its most permanent impress upon the world. Those pertaining to medicine will be of the highest importance, as they will deal with questions essential to human welfare. The history of the epidemic which has so recently swept over the world teaches us that, great as has been the advancement in medical science in the last quarter century, we have still new problems to solve, and failures in therapeutic means to acknowledge. At the last Quinquennial congress, a prominent representative of our school stated that the proving of medicines had but just commenced. A gathering of representatives of our school, more cosmopolitan and numerically superior to any heretofore assembled, will afford opportunity for discussion of the leading medical questions of our time in a manner calculated to elicit the best medical thought of the age and secure the most practical results. It is proposed to make prominent the consideration of the questions specially pertaining to the position of homœopathy as an established school of medicine; to show that our work and influence in medical education has been commensurate with the dignity and importance of our school; to make manifest our aim to be associated with every worthy medical reform; to establish more definitely the relation in which we stand to other schools of medicine; to declare our willingness to remove every barrier to the co-operation of all schools in the general work of the medical profession, leaving in the hands of each full liberty to pursue its special work; to take steps to secure in all directions a candid consideration of our tenets and practical work; and, while truly loyal to homœopathy, to demonstrate that nothing

which concerns the health of humanity, in its widest aspects, is foreign to our endeavor. In furtherance of these ends the following topics are suggested for the consideration of the Congress:

The history of the progress of homœopathic medicine to the date of the Congress of 1893.

The temperate and careful estimation of the value of statistics of the result of homœopathic treatment, both public and private.

Plans for the revision, simplification and improvement of our *materia medica.*

Bacteriology, its relation to homœopathic practice.

Methods for the establishment of drug-proving on a more uniform and scientific basis.

The influence exerted by homœopathy on medical education and practice in general.

The part to be sustained by homœopathy in the prevention and control of epidemics.

The importance of uniformity of pharmaceutical preparations.

Estimation of the value of efforts to enlighten the public on the true principles of homœopathy.

The relation of adjuvants to our therapeutic methods, including the effect of morals, culture and music on the prevention and cure of disease.

Modern surgery as exemplified by the labors of homœopathic surgeons.

Specialties, including consideration of their necessity and benefits, and the part they play in the development of the homœopathic system.

It is the desire of the committee to secure the co-operation of all societies now organized for the promotion of these objects, national, state and local. All such are cordially invited to appoint committees to act in connection with those of the congress. And in order that the great interests to be considered may be presented in the most scientific and comprehensive manner, it has been determined to appoint an advisory council of eminent members of our school in all lands where we have representatives. The committee earnestly request all these to offer suggestions and plans for the development of the congress to a position worthy of homœopathy and the occasion. It is hoped that a large meeting of members of the advisory council can be secured at the next session of the American Institute at Washington, when final plans for the congress can be arranged.

The work of women in connection with the Columbian Exposition has been such as to attract the favorable attention of the world. We have reason to expect a continuance of this earnest work on the part of the Woman's Committee on Homœopathic Medicine and Surgery, which will act jointly with our committee for a congress of both men and women, though a separate preliminary address on the part of the Woman's Committee may be issued.

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Committee of the World's Congress Auxiliary on a Congress of Homœopathic Physicians and Surgeons.

JULIA HOLMES SMITH, M.D., *Chairman.*
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CORESTA T. CANFIELD, M.D.
ISABELLA HOTCHKISS, M.D.

Woman's Committee on Homœopathic Medicine and Surgery.

World's Congress Headquarters,
Chicago, 1892.

There is a sentimental notion extant that pregnancy delays the progress of tubercular consumption. My own observations are directly to the contrary. During pregnancy the malady progresses with increased rapidity, and a woman who might be expected to live for a year or more barely succeeds in bringing her infant into the world, when she succumbs. Lactation also, as constituting a drain upon the mother's vital forces, favors the progress of the disease. I have not looked up the authorities on this subject, but in twenty-one years' practice I cannot now recall an exception to the above rule, while many instances where it held good, stand out clearly in my memory.—*Dr. W. F. Waugh.*

Aphorisms on Joint-Diseases.

After studying critically a large number of cases illustrating the different forms of diseases of the joints, I have condensed the salient points thus collated into the following aphorisms:

1. Childhood is more susceptible to joint-diseases than adult life.

2. Early infancy, however, is *almost* exempt.

3. When the supervision of the nursery is withdrawn, and the child allowed to gratify more or less its growing impulses, articular injuries, and with them articular diseases, multiply.

4. Impulsive and venturesome children are more often victims of accident than passive or timorous ones.

5. Articular diseases are more frequent among children in densely populated cities than in rural districts; more frequent in the North than in the South.

6. With the development of judgment, and growing experience in the means of self-protection, this class of disease *rapidly diminishes.*

7. After the eighth or ninth year recent cases are rare exceptions.

8. The anatomy of infantile joints favors traumatic derangements.

9. They are endowed with ample provision for repair and reconstruction, if time and rest are vouchsafed.

10. Constant abuse of injured joints advances and intensifies the lesion, and acts as a most potential factor in advancing articular disease.

11. Rest and favorable position are the principal means for the prompt relief of these troubles.

12. The inference is thus sustained that most articular lesions in childhood are of *idiopathic origin*, limited to *one articulation* in their start and termination.

13. The joint-affections of adults are principally of constitutional origin.

14. Hence multi-articular at the start, or successively compromising other articulations.

15. Such lesions are either preceded or accompanied by febrile disturbance of the constitution.

16. Constitutional joint-affections, as a rule, appear and vanish with the constitutional causation.

17. If one or the other of the articular affections passes beyond the final resolution of the latter, its provocation is of a strictly idiopathic character.

18. Tubercular bacilli may lead to varied local manifestations, and among others, may involve articular structures.

19. As a rule, tuberculosis is primarily constitutional, and therefore multi-articular in its manifestations.

20. The numerical preponderance of tubercular joint-affections, insisted on by Professors Koenig, Fedor, Krause, and others, is more than problematic.

21. Logic and clinical facts disprove the assertion.

22. Most joint-diseases are amenable to treatment and eventual cure, at least in our longitude.

23. The main remedies to be relied on are position and physiological rest of the affected articulation by mechanical appliances.

24. Mechanical appliances cannot cure constitutional and infectious diseases.

25. A specific against tuberculosis does not exist.

26. If a slight articular contusion can serve as a point of attraction (*locus minoris resistentiæ*) for the colonization of the tubercular bacilli, the wound of an arthrotomy must necessarily furnish a magnified field for the parasite.

27. The eradication of one tubercular focus by operative measures cannot affect a constitutional disease of this kind.

28. Genuine tuberculosis will soon establish other foci (or re-manifest itself), as in fact it does.

29. The cures, claimed and effected by operations, are obviously based on error in diagnosis.

30. The *only* admissible proof of tuberculosis is its *bacillus.*

31. We have the authority of Professor Klebs on our side that there is no *discernible difference* in the structural disintegration caused by tuberculosis and by syphilis.

32. Numerous authorities agree with us that the most variable inoculations provoke miliary tuberculosis of serous membranes.

33. Caseation of pus is no pathognomic evidence of tuberculosis, for pure pus will invariably become caseated if left undisturbed, provided only that conditions favorable to the re-absorption of the liquor puris be present.—*International Medical Magazine.*

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CH. GATCHELL, M.D., *Ann Arbor, Mich.*

THE *Northwestern Journal of Homœopathy* comes out in a new form, and with much improved appearance. We congratulate our esteemed contemporary on these evidences of prosperity, and bespeak for it the liberal support of the profession.

Journal of Orificial Surgery.

We welcome to our table this new candidate for favor. There is reason for its being. Orificial surgery has now so many practitioners that it needs an organ for the dissemination of its doctrines. Under the able editorial management of Dr. E. H. Pratt, assisted by Dr. F. H. Holbrook, and E. L. Smith, there is assurance that the profession will be well served, and that the new *Journal of Orificial Surgery* will fill a place peculiarly its own. The first number is filled with valuable material, and is very interesting. We wish it abundant success.

American Institute of Homœopathy.

A more extended review of the Washington meeting of the American Institute of Homœopathy will appear in our next issue. Dr. Jas. H. McClelland, of Pittsburg, was elected President. Chicago was chosen as the next place of meeting.

DR. MARY SHIBLEY, late *interne*, Cook Co. Hospital, has located at 144 Oakwood Boulevard.

BOOK NOTICES.

SURGICAL HANDICRAFT. A Manual of Surgical Manipulations, Minor Surgery, and other matters connected with the work of House Surgeons and Surgical Dressing. By Walter Pye, F.R.C.S. 300 Illustrations on wood. First American Edition from the Third London Edition. Revised and Edited by T. H. R. Crowle, F.R.C.S. New York: E. B. Treat, 1892. ($4.00).

Pye's "Surgical Handicraft" is a well-written work on minor surgery. It covers the ground very thoroughly, and is up to date in every respect. The directions are unusually clear and accurate. It is a book which the general practitioner, especially, will find of value, for it embraces the class of work that generally falls to him. The printing and binding are unusually good.

CORRESPONDENCE.

To the Editor of THE MEDICAL ERA:

In Dr. A. G. Bebee's able paper on "Pessaries," there are two points which are at variance with the position of many American and most of the continental gynecologists, viz., *vide*, p. 171, Sec. 1.

"A vaginal pessary should follow the curves "of the vagina. This would exclude all ring "pessaries."

I would like to ask the good doctor what will support a cystocele so well as a ring pessary? Martin Nagle, Duhosen, Schauta, Rokitansky, etc., use the ring pessary for this condition, where any mechanical support at all is used.

Again, p. 172:

"The only materials which even tolerably "meet these requirements, so far as I know, "are hard rubber and block tin."

Celluloid is being used with satisfaction. It can be molded (not over a flame but in hot water), and is much easier to mold than rubber.

It is a matter of congratulation to have a man who knows his business so well as Dr. Bebee to come to the front, and give of his experience and observations to the medical public. The young doctor can depend upon the utterances of such a man as being as accurate as the state of the science will admit.

HENRY SHERRY, M.D.

CHICAGO, June, 1892.

THEY SAY

THAT idiots are rarely bald.

THAT love smiles until it gets hungry.

THAT it is better to be safe than to be sorry.

THAT a smart man can learn a great deal from a fool.

THAT more than ninety-one thousand people die each day.

THAT the loafer spends his time in beating other people out of theirs.

THAT some find cause for rejoicing in the fact that the devil was not a woman.

THAT it's easy enough to be a philosopher on an income of fifty thousand a year.

THAT you can sell your reputation for a very small price, but it's hard to trade back again.

THAT the doctor pays visits, when everyone knows that it's the visits that pay the doctor.

THAT some men join a church with the very same kind of a motive that others rob a bank.

THAT in idiots deviation of the nose to the left has been observed in more than half the cases.

THAT the tramp is always looking for a job and always praying that he may never find one.

THAT there is nothing in the world people relish more than nonsense with a great deal of sense in it.

THAT the tramp who is granted liberty and a free lunch can get along very well without free speech.

THAT the recording angel pays very little attention to the record that is placed on a man's tombstone.

THAT the best man on earth will drift into some sort of devilment if he is without regular employment.

THAT the most valuable advice is generally that which makes a man mad enough to follow his own ideas.

THAT truth is mighty, but it doesn't prevail to any great extent when it encounters a fishing excursion.

THAT there is only one rule to observe if you want to live long, and that is to let the other fellow do the worrying.

THAT every man who does not labor and lay up a fortune may cause absolute suffering to his daughter's future husband.

THAT a waiter's value does not depend so much upon what he knows as upon the manner in which he dishes up his knowledge.

THAT the breath of suspicion will have to go out of business as soon as the new odorless whisky comes into general use.

THAT the man who started a Turkish bath establishment adjoining a church put over his door "Cleanliness next to Godliness."

THAT even though self-preservation may be the first law of nature, it isn't necessary for you to keep yourself soaked in alcohol.

THAT there is no difficulty in getting a fellow to play the first fiddle, but it's an awful struggle to scare up the rest of the orchestra.

THAT we don't often entertain angels unawares; it's the devil who is generally around when his presence is least suspected.

THAT the meanest man in the world will always agree to everything you say so long as he thinks you are talking about somebody else.

THAT hypnotic subjects will obey the phonograph as readily as the human voice, which overthrows the whole theory of animal magnetism.

THAT man has long been advised to tell the truth and shame the devil, but the devil doesn't seem to be very much abashed over the matter.

THAT statistics show that in this country about one clergyman in four, one lawyer in five, and one physician in twelve has had a college education.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

L. X. CHICAGO, AUGUST, 1892. No. 8.

CH. GATCHELL, M.D., EDITOR.

E WASHINGTON MEETING OF THE AMERICAN INSTITUTE.

he Washington meeting was an immense ess. In the past history of the Institute ieeting, unless that at Atlantic City, has so large and interesting as this year's. it four hundred and fifty physicians were tendance, and the several hundred visit- iade the whole number attending about rge as the number who were at Atlantic last year. Never shall we forget the un- ded hospitality of our Washington mem- they left no stone unturned in their taking efforts for the benefit and enjoy- of their guests. Not only as a body, s individuals, the Washington physi- were on the alert from the time of our l until the last member had left, to do at could be done for our comfort.

: meeting at the National Theater on st evening of the session was a very brill- ffair. The addresses were all of inter- pinting with pride to the past and t, and with all courage and confidence : future. The theater was literally ed, so that very many were turned rom the doors. Even the top gallery cupied; it happened that the writer of words found the house filled until he) this gallery where he was very glad ire a seat. Here and there through ience might be recognized the faces of Washington's most distinguished cit- Among those addressing us were Hon. Douglas, president of the board of commissioners of the District of Columbia; Hon. J. H. Gallinger, senator from New Hampshire, and Hon. John Dalzell, representative from Pennsylvania.

We cannot take room to more than allude to the able addresses of Drs. Custis and Verdi, but the address of President Kinne must receive some particular mention. Treating his subject in the most practical way, dealing not with metaphysics or with theories, but with facts, he added one more to those strong appeals which year after year are made in favor of homœopathy—appeals to which the sensible, practical community so promptly responds. From President Kinne's address we make two quotations; we would gladly make more, did space permit:

> One only plea I make, and would to God it might ring in the ears of opponents throughout the earth, and it is this: Homœopathy claims of believers and unbelievers, close, patient, and unprejudiced study. It is not every one who has the right to deny its truth or efficiency. A belief which has worked itself into the heart and brain of humanity, and given force and direction to the noblest lives, should not be rejected without the impartial investigation which it invites and welcomes.
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> Our creed is but a simple one with just this article of faith, I believe in the law of "*similia similibus curantur.*" I do not say it is the only law of cure, but I affirm it the best yet given to man. It is inscribed upon the banner that floats at the head of our column. Our shields are emblazoned with the motto of this institution, and it regulates our conduct towards our fellows: "*In certis unitas, in dubiis libertas, in omnibus charitas.*"

We shall not have a better opportunity than this, while speaking of President Kinne's annual address, to say that throughout this Washington meeting he has proved himself an ideal presiding officer. Always prompt, always pleasant and considerate, always just and right in his decisions, his services were most highly appreciated by all present.

A very interesting feature of Tuesday's session was the appointment of a committee of five, to take under consideration the erection of a memorial to Samuel Hahnemann, the greatest of medical reformers. Thursday this committee reported favorably upon a plan to erect a statue of Hahnemann, and expressed the opinion that the city of Washington should be chosen as its site. The enthusiasm with which this report was received leaves no room for doubt that we shall soon have such a monument to our leader as we shall all be proud of. Within one hour of the time that the subscription paper was opened, more than a thousand dollars had already been subscribed, in amounts varying from five or ten up to one hundred dollars. We take it that readers of the ERA will need no solicitation in this matter, but will be only too glad to learn to whom subscriptions may be sent; we, therefore, name the committe, who have the matter in charge: The chairman is Dr. J. H. McClelland, corner Fifth and Wilkins avenue, Pittsburg, Penn.; other members of the committee are, Drs. J. P. Dake, I. T. Talbot, J. S. Mitchell and H. M. Smith. Subscriptions will be solicited not only from physicians, but also from the laity. Readers of the ERA, please present this matter to those of your patrons who are financially able to in this way show their appreciation of homœopathy. The committee appointed has power to add to its members, and may decide to have one representative in each state.

Dr. J. S. Mitchell, chairman of the committee of the World's Congress Auxiliary on a Congress of Homœopathic Physicians and Surgeons, was present and did much efficient work in preparation for the success of the next year's meeting, which will be to homœopathists the most attractive feature of their visit to Chicago during the World's Fair. Dr. Mitchell urged that this great occasion will afford us an opportunity better than any we have ever yet had, to demonstrate the influence homœopathy has had in the world. He moved the appointment of a special committee to be devoted to forwarding the inter of homœopathy at the World's Medical C gress, in connection with the World's Co bian Exposition next year. He said:

"This medical congress at Chicago has been sanc by the United States Government, and an appropri of $200,000 already secured, for paying its gener penses, while a resolution has recently been introdu Congress to further secure an appropriation, for special purpose of paying for the large amount of p ing which will be necessary to record and preser proceedings."

One long-to-be-remembered event of session was the excursion to Mount Ver and to Marshall Hall. So far as we l learned, every member present and every itor went upon this excursion, which most generously tendered by the Insti members resident in Washington. An at Mount Vernon afforded time to comfo bly see this beautiful and interesting pl Thence we sailed across to Marshall H where we arrived at six o'clock; there we f spread in the open air, under the beau elms of this historic spot, tables with co for the seven hundred guests of the occa The hospitality here shown could not h been exceeded, nor could it have been r cordially appreciated. The collation pas early evening hours were spent in these b tiful grounds, and at ten o'clock all regr leaving so charming a spot. The sail t to Washington was delightful, and all wi member this excursion with the very gre pleasure.

Were we to go on and describe the s tions, especially that at the residence of and Mrs. Pope, we might leave upon readers an impression that really no scie entific work had been accomplished. T pression, of course, would be entirely The papers read at the different section ings were carefully prepared and al cussed. To speak at length of them not called for. All, however, will b ested to know that in the Materia Med tion, papers were read and discussion in as to the best methods of teaching medica in our colleges. A paper

Richard Hughes, of England, was read, in which he urged that the materia medica be studied and taught in a more carefully scientific spirit than has sometimes prevailed. The ERA is always glad of an opportunity to endorse this view. Always remember that materia medica pura is a science pure and simple, and that it is impossible to be too exacting in our study and teaching of this science. Much that is false is in our present records of this science. We must be alive to the need of carefully *studying* these records, and of not believing every item that has gone into them.

Our meetings were all reported at great length in the daily papers of Washington.

We bespeak from all the most cordial support of Dr. James H. McClelland, of Pittsburgh, president-elect of the American Institute of Homœopathy.

HOMŒOPATHY TO BE ANNIHILATED

The following item is going the rounds of the medical press:

Dr. George M. Gould, of Philadelphia, offers a prize of $100 for the best essay that in plain lay language, "historically and actually will show up the ridiculous pretensions of modern homœopathic practice." Essay to contain not over 15,000 words, simple and direct language, and to be type-written—the envelope containing it to be signed with a *nom-de-plume*, and an accompanying sealed envelope to contain the author's name and motto. Essay should be sent in by January 1, 1893. The one awarded the prize by the committee will be printed in large numbers for general distribution.

We shall be very much interested to see this prize essay that is to be used for the purpose of annihilating homœopathy among the laity. It will, doubtless, make a profound impression—on the old-paper man. In the rag market it will bring about a third of a cent per pound.

And that is all that it will do. For almost a century the old-school has been trying to convince the people that homœopathy is a fraud, a delusion and a snare. They have accused homœopathy of every crime in the calendar, and launched at it enough diatribes to sink a ship. In spite of all this, homœopathy has grown and flourished, and is today, in this country, the favorite method of treatment selected by the most intelligent class of people.

DR. GOULD'S prize essay will have about as much effect as it would for one to blow against the wind in order to quell a storm. Few people will read the "essay." Those who do, if they are of homœopathic proclivities, will recall the fact that their homœopathic doctor has always been very successful in the treatment of their cases; they will call the thing a campaign lie, and give it no further thought.

Thus the "essay" will fall flat, and DR. GOULD will have his trouble for his pains.

THE ASIATIC SCOURGE.

Again is the civilized world threatened with an epidemic of the Asiatic cholera, which, according to the tradition on the subject, follows closely upon the influenza that has but recently ravaged the people of all lands.

In Russia—that land of pestilence and famine—it is raging as an epidemic. Many cases and some deaths have occurred in Paris. England is hourly expecting an invasion. The United States is taking precautions against its introduction.

But it is not necessary that we should suffer. The epidemic of cholera of 1886 that visited Europe, was confined to the other side of the Atlantic. Two cases occurred in England. It was the first time in history that America escaped when Europe suffered. But it is possible for this experience to be repeated. America may again escape, although Europe be visited. The price to be paid for exemption is well known—eternal vigilance, absolute cleanliness and pure water.

It is related of Dr. Harvey—the discoverer of the circulation, in England—that being requested by James the First to give his opinion regarding a dropsical affection of the royal legs, he frankly observed, "I assure your majesty that I would not have your two legs for your three kingdoms."

DOCTOR-TALK.

THE DOCTOR TALKS.

"I think," said the Doctor, "that the physician is worthy of his hire."

"What is it calls forth that remark?" I asked.

"Haven't you heard," said the Doctor, "of the recent Prairie avenue episode? The profession is all stirred up about it. It is the biggest thing in the shape of a fee that has occurred in Chicago for a long time. This is what happened:

"A certain South side doctor—Waxham, you know him—was called to the family of a wealthy Prairie avenue Board-of-Trade man in order to perform intubation in the case of a child with the diphtheria. Dr. Waxham, as you know, is the Chicago expert in the use of O'Dwyer's famous tubes. He has performed the operation a greater number of times than any other physician in the city, and there is no doubt that he is very skillful. I have seen him operate in a number of cases, and from personal knowledge I can certify to his being exceedingly expert.

"Well, in the case referred to, the attending physician, who did not care to attempt the operation of intubation himself, called in Dr. Waxham. Intubation was successfully performed, and, as is conceded by all parties, the child's life was saved, and the parents were duly grateful. In the first burst of gratitude they invited Dr. Waxham to 'send in his bill.' Dr. W. did so. He sent in a bill for two thousand dollars ($2,000).

"The Prairie avenue Board-of-Trade man was astonished. He was shocked. He was paralyzed. He declared that the expert doctor had over-estimated the degree of his gratitude. He made inquiries of other physicians. He asked them what they thought would be a reasonable price for the service. He received various estimates on the job, ranging from $250 to $400.

"In sending his bill of two thousand dollars, Dr. Waxham accompanied it by the following letter:

CHICAGO, Feb. 6.—F. G. Logan, Esq.—My Dear Sir: As per request I mail you the inclosed bill. You will undoubtedly think the bill a large one, but I hope not an unreasonable one. Allow me to explain that I charge you not for the short time that I was at your service, but for the skill, experience and judgment that have been gained only by years of the most arduous work and at the risk of health and life itself. Back of your case are four hundred others without which I could not have given the service which I rendered.

I have never yet received a fee commensurate with the service, and I am proud to say that I have never refused a case, however poor or destitute. You have the benefit of this experience which has cost me dearly.

In our neighborhood are two of the noblest men our profession, Drs. Nelson and Roler, who are physical wrecks, and what have they to show for it? Quine, whom we all honor, is about to leave the city several months on account of ill health. I realize in these examples that my time will soon come, for it is impossible for any man to stand many years the fearful strain, both mental and physical, that we must endure. When health and strength are gone, who will take care myself and family? When you receive this bill I hope you will consider these matters. Do not think, however that I am an object of charity. I simply mention the facts as proof that the service is worth all that I ask. you could realize what I have gone through in order obtain the skill and courage which saved your dear life you would consider the price cheap. I do not want the sum named in the bill unless it can be paid cheerfully and gratefully. If, upon consideration, you consider bill a little too large let me know and I will gladly reduce it. If you feel like paying more it will be accepted with the consciousness that the service is worth it.

Very sincerely yours, F. E. WAXHAM.

"But, notwithstanding this plausible plea the Prairie avenue Board-of-Trade man considered the bill to be exorbitant, and thought that he was being imposed upon. He therefore sat down and figured out a schedule of prices to be adopted by Chicago physicians. One item in this new and original 'Physicians' Fee-Bill, by a Prairie avenue Board-of-Trade man,' read like this:

For the Operation of Intubation in Laryngeal Diphtheria.....$0

"Being well satisfied with the result of his work, the Board-of-Trade man immediately made out a check for four hundred dollars and sent it to Dr. Waxham, who immediately returned it with thanks, accompanied by the following letter:

CHICAGO, Feb. 18. — F. G. Logan, Esq.—Dear Sir: Yours with check for $400 just received, and, as it is far from satisfactory, I return it with thanks. I took consulted with a few specialists and representative men who claim that the bill as rendered is perfectly just and collectible. I can well understand why you should as you do, thinking you could have had the same service for a less price, but you are laboring under a mistake. The prices named by the gentlemen whom you have consulted would be exorbitant no doubt, probably in excess of what their services would be worth. I can without boasting that the skill which saved your life is not a common commodity.

The other day I was called to the West Side to operate upon a physician's child. It was early to operate. I advised waiting and sending for others if the child should get worse during the night, as it was a physical impossibility for me to come over again. The doctor said "No! You must operate. I have seen these men operate, and I don't want them to operate upon my child." The other day I was told that one of these same men whom you have consulted decided during the progress of

to take out the tube, and to save his life he could not get it back, and after a half hour's work the child was laid down on the floor dead, while the doctor exclaimed, "My God! why did I take it out?" A few nights ago I was called to a case a mile west of Western avenue by Dr. Earle. I suggested that he call some of the West Side experts, but he replied that he was especially anxious to save this child's life and that these men he had seen operate and did not wish them to operate for him. I know of a case where two experts were obliged to perform tracheotomy to get their tube. They say the operation is worth from $200 to $800. Great Gods! Do you think that would be exorbitant?

I was told the other day that one of your experts was called to Englewood, and although the child was strangling to death, he refused to operate until he had been paid $125.

Almost every day I do the operation for nothing, or for $25, and you who are wealthy have profited by this experience. Twenty-five dollars to many of these poor people is much more than $2,000 to you. I do not know as I can keep this matter from the papers much longer, as it is exciting considerable interest. Would you like it generally known that you refused to pay $2,000 for the life of your only boy? Please consider these matters. You can now pay the bill in full, or arbitrate the matter, or decide it in court, I am not particular. Very truly,

F. E. WAXHAM.

"On the receipt of this letter, the Prairie avenue Board-of-Trade man abandoned the 'Fee-Bill method, and decided to accept Dr. Waxham's invitation to arbitrate. Consequently he appointed his family physician, Dr. J. H. Hollister, to represent him. Dr. Waxham selected Dr. D. A. K. Steele, and these two selected Dr. W. W. Jaggard as the third party.

"These gentlemen met and discussed. As a result they sent to the merchant their verdict, duly drawn up and signed, which read as follows:

"The decision of the majority of the committee appointed to arbitrate the account of Dr. F. E. Waxham with Mr. F. G. Logan is that the sum of $2,000 is a reasonable, proper and just compensation in money for the professional services rendered.

"D. A. K. STEELE, Chairman.
"W. W. JAGGARD, Secretary."

"Upon the receipt of this the Prairie avenue Board-of-Trade man at once sent a check for $2,000 to Dr. Waxham."

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"Hence it is," continued the Doctor, "that I say 'the physician is worthy of his hire,' and I believe that the entire medical profession of the city of Chicago owes Dr. Waxham a debt of gratitude for the stand that he has taken in this case. I believe that this one thing is worth thousands of dollars to the physicians of Chicago. It will enable a great many of them to stiffen their prices, and to charge fees such as, a few years ago, they never dreamed of. And they deserve it. The fees in this city have long been too low, and no physician can, in the practice of medicine alone, make enough to do justice to his family, and to lay by a competency for old age. Many have killed themselves in the effort. No one knows better than the physician himself how arduous is the practice of medicine. In life insurance physicians are by no means first-class risks. In mortality tables they rank away down. They succumb to the infectious diseases in greater numbers than any other class of adults. Why, this very disease, diphtheria, finds more victims among doctors than among any other class except children. I tell you, the physician is worthy of his hire, and Dr. Waxham's act will have the effect of prompting others to demand the full value of their services.

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"This does not mean that the poor will be oppressed. The poor we have always with us, and they always receive medical attention. They will always continue to receive it. But those who can afford to pay a physician what the physician's services are worth, should be called upon to do so. Stimulated by Dr. Waxham's example, I believe that hereafter a great reform will take place. I believe that it will be easier for every physician in the city to get an adequate fee for expert service.

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"Notwithstanding all this, I cannot say that I admire the manner in which Dr. Waxham approached this matter. I think that his position would have been just as strong, and a little more dignified, had he sent his bill without any letter of explanation and special plea. He should have made his first demand by simply sending his bill, without comment. Then, if objection were raised, it would have been perfectly proper to present reasons for the opinion that the bill was right and just. But there is one thing that should have been omitted—no appeal should have been made to the father's affection for his child. That is something that should not enter into a commercial transaction. If that were an element in the case, and could have a money value, the bill should have been for a fabulous sum—since the child recovered. If it had died, then, by the same token, the father would have been entitled to damages. No, it was in very bad taste for the doctor to introduce that subject into the controversy.

"However, the thing is settled, and it is settled as it should be. Let others go and do likewise. Demand what your services are worth. The physician is worthy of his hire."

As he concluded, a look of fierce determination overspread the Doctor's face. He turned to his desk, took up a pen, dipped it in ink, gritted his teeth and made out a bill, the amount of which, as I afterwards learned, was two hundred and fifty dollars. The week before he had confined the wife of a Michigan avenue millionaire, and these were the damages that he claimed.

The best of it is, I believe that he got it.

All of which is truthfully reported by

SELAH.

The Paris correspondent of the *Tribune* in a recent letter wrote that he had just come from a lecture on morphine mania by Dr. Durand-Fardel. The lecturer spoke of this kind of intoxication as having stolen first on the wealthy, and now as spreading so fast to the less rich classes as to threaten to bring France to the level of China and Turkey. He showed a hypodermic syringe which was really an article of jewelry. One end was a pencil to note down dance engagements on ivory tablets, and the other end a hypodermic injector. The case was enriched with brilliants, and the tablets were attached to a ring, jewelled also, which was to be worn on the finger of the person intending to use the little instrument. He found in many instances that the initiation began at social meetings where a select company gathered to make experiments and to relate sensations.

The addition of 1 per 1,000 of hydrogen peroxide to ordinary drinking water, to drinking water containing sewage, or to water containing typhoid bacillus or cholera bacillus is quite sufficient to destroy the various saprophytic and pathogenic organisms contained under these conditions, if it is obtained perfectly fresh and kept in good condition, and if it is allowed to act for a period of twenty-four hours. It is specially valuable for the disinfection of drinking water because it does not affect the taste, does not alter the color, and in the proportion mentioned is perfectly innocuous.

A probe in the hands of a dirty or rough surgeon is like a loaded pistol in the paw of a monkey.

ORIGINAL ARTICLES.

TUMORS OF THE BREAST.

By GEO. A. HALL, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Assoc Chicago, May, 1892.]

I TRUST I shall be pardoned for introd ing to your notice the hackneyed subj Tumors of the Breast. Much has been s and much has been written upon this im tant subject, and still in the mind of the fession there exists a variety of opinions in regard to their nature and correct mod treatment. After many years of experie and observation both in diagnosing and t ing tumors of the breast, I feel that I entitled to some confidence in the expressi which I shall utter. It would seem unneces at this age of improved surgical treatm and which under the antiseptic dressing have such rapid and remarkable cures for o wounds, to offer any argument in defens operative procedure. We recognize this s ject of great importance, occupying as it d the border line between medical and surg diseases, and we consider the most import part in the treatment of tumors of the br to exist in the matter of diagnosis. We understand there are innocent as well as lignant growths infesting this gland, and i fact well known to those of observation all innocent neoplasms are liable when patient shall have arrived at the age of 3 40, to take on cell growth and become a m in character. It is at this stage that we to urge upon the general practitioner the portance of correct procedure. I admit impossible for the most acute diagnostici detect or discriminate between innocent malignant growths in the early stage of development, but I have become so convi of the universal law which governs growths and the seeming determination o part of nature to change from the typi the atypical at the age above mentioned I have been in the habit of advising procedure before this change shall take and the importance of this is illustra some very significant cases which have under my observation at a recent date. years ago our lamented colleague, Prof Gunn, M.D., removed from the left ma gland, an innocent growth for Mrs. C proved to be a fibrous formation. W patient came to me, she stated tha

existed at the same time in the opposite gland a growth about as large as a black walnut. This continued in a passive state for three years, when she noticed it began to enlarge. The patient consulted Prof. Parks and DeLaskie Miller of Rush Medical College in the month of March, 1891. They examined the breast critically and pronounced the growth to be innocent. The patient had a strong impression it was malignant, or would become so, and consequently kept a close watch of the advancement of the growth. Early in April last she consulted me and I found the tumor situated at the base of the nipple, about two inches and a half in diameter. There was no retraction of the nipple, and the growth was easily movable over the pectoral muscle. There was no adhesion of the integument. In short, there were no marks of malignancy or any evidence which would warrant a person in the opinion that cell growth had been developed. Her age being 41 years entitled her to this development. My diagnosis was conservative and prognosis guarded. The patient being of a very sensitive temperament, highly emotional and apprehensive, I represented to her the nature of the growth in the most favorable manner, still she was determined to have the growth removed. I told the husband if cell growth had not already commenced it would undoubtedly be developed very soon, and that her wish should be granted and the tumor removed at once. On removing the tumor I found it to be originally fibrocystic. One cyst containing one-half ounce of yellowish fluid surrounded by several smaller cysts with the inter spaces between these cysts containing cells of sarcoma, and following down towards the sub-axillary space we found one lymphatic nodule as large as a Lima bean. This was six inches from the nipple line.

Second case, Mrs. D., widow lady aged 40, applied to me for examination in the month of January last. History:—About two and a half years prior to this examination, Mrs. D. said that her dressmaker had frequently asked her if she had noticed her left bosom to be larger than the right. She did not at the time apprehend there was any trouble with the gland. In September last, while taking a bath, she discovered a lump as she called it, in the left mammary gland. Her attention being once called to it she said she realized that it was growing rapidly and began to feel an anxiety in regard to its nature. On examination I found a pronounced enlargement at the base of the nipple and extending down and involving almost the entire base of the gland. The nipple was not in the least retracted nor the integument adherent. The whole mass moved easily over the pectoral region. There were no apparent glandular enlargements, or at least, any that could be detected, in the axillary space or cervical region. There were no pains in the gland and it was free from tenderness. It was there as a dull, sodden mass; only exciting apprehension on account of its size. Mrs. D. had borne one child six years since. Breast was removed early in February last, and Prof. Lyon gave the following microscopic history: Small round celled sarcoma containing some bundles of spindle cells. The growth of this tumor must have been extremely rapid, as in many places were isolated bundles of muscle fiber which had not yet been destroyed.

Third case, Mrs. B., a medium sized brunette aged 39. Highly sensitive nervous temperament. For six months past had been conscious of an enlargement of the right breast. She could not state how long the growth had existed, but her first discovery was in August last, when, as she remarked, it was the size of a walnut. She called the attention of her attending physician to it in January. He, recognizing her nervous state and morbid apprehension, treated the subject lightly until I was called in February. There were then no evidences of malignancy. Its rapid growth barred the opinion that it could be scirrhus and it was my impression it must be round celled sarcoma. Breast was removed and submitted to Prof. Lyon for examination, who pronounced it scirrhus, with cystic degeneration of the milk ducts and partial fatty degeneration of the gland tissue. The cysts were numerous and occurred throughout the gland. They varied in size, from those no larger than a fine pin head to one containing two and a half ounces of fluid. The fluid presented the general characteristics of milk, but was partially disorganized. The cysts which occurred in the carinomatous nodules were filled with a hard mass composed of cholesterin plates, fat drops, and cell detrius. The fluid portion having been pressed out by the contraction of the scirrhus tissue.

Fourth case. Mrs. B. aged 42 had been cognizant of a nodule in her breast for several years. Since July last she had noticed its enlargement, consulting me on the 2nd day of February last. I found a tumor the size of

a small mandarin situated at the axillary side of the nipple. Easily movable, no adhesions, no pain, not in the least sensitive, no glandular enlargement, no family history of cancer or sarcoma, general health good. In accordance with my advice the tumor was removed and submitted to Prof. Lyon for examination. He reported it to be a pericanalicular sarcoma. The gland was not generally invaded by the sarcomatous tissue. It apparently started from several focal points. It was at no point adherent to the skin or the pectoral fascia. The above cases illustrate the importance of recognizing the great law of change in benign growths and their tendency to become cell growths. It is, I believe, a generally stated fact that the two great classes of malignant growth and their different varieties are first local, and if removed while in this stage there is no risk or danger of return. If allowed to go on and pass the border line into the state of malignancy, and permitted to advance still further to the stage of proliferation where the cells are carried by the lymphatics to adjacent glandular structures and viscera, the entire extirpation of the original seat of trouble will not prevent a recurrence. The recurrence of malignant growths infesting the mammary gland are of great interest both to the patient and the surgeon. The length of time which the patient may enjoy immunity from this disease after removal has been pretty definitely settled by statistics. The term of three years is recognized as a permanent cure. The recurrence of malignant growth of the breast may take place after this period, but the per cent is small. The fact that malignant growths cause more deaths annually than occur from a majority of surgical operations and from surgical diseases, conveys at once the importance of this subject. Carcinoma alone has caused more deaths in the United States during the past year than have occurred from accidents and injuries of all kinds. During the past year 13,000 deaths have occurred in the United States from carcinoma. Of these, 1,387 have been caused by carcinoma of the breast. From careful and collected statements from different writers upon this subject, who have submitted their cases to microscopical tests, I find the recurrence amounts to about 75 per cent. Now if we could have a carefully reported history of these cases, I am sure we should find a large per cent of these cases of recurrence could be attributed to delayed operations or some defect in the operative techique. We a enumerate as some of the causes of re rence, first, the date of the operation after appearance of the growth. I have stu carefully through the statistics, and find few authors who have noted this point s cially, but in my own practice and from authors I feel I am safe in saying that if morbid growth is removed within six mo after cell growth has commenced, it wi sure to prove a permanent, radical c Second. The recurrence will be influe by the extent to which infiltration has t place by any one or all of the three recog ways of dissemination. If the case ha vanced so far as to influence glands in axillary and cervical region, or meta deposit has taken place in some interna cera, we cannot operate with the hope of recurrence. There are, however, s exceptions in these cases. If the axillary cervical glands are enucleated and all adj adipose tissue liable to be infiltrated s be removed we may hope for no recurr Thirdly. The recurrence of carcinoma is enced by the character of the operation believe here is where more mistakes are by young surgeons than in any other re Their desire to economize gland tissue tegument have caused them to make an perfect operation. I believe in all cas matter how small the growth or how r its appearance, the entire mammary should be sacrificed. If it is a fatty s the adjacent adipose tissue as well. I case is of more than six months standi there should be no apparent induration axillary gland, I would advise in all enucleation. The mortality of the ope has led some surgeons to be conservati cannot understand this fear, for in the hundred operations which I have perfo some of the most extensive character, I never lost a patient from the effects operation. I am well aware that the rate, published by various authors, occ after this operation has been very high this excessive mortality I am at a l account. The careful study of Mr. Ba views, the young surgeon might be adopt the conservative plan, but I c adopt his recommendations in regard incomplete operation of the gland. fourth cause of recurrence may be cau in the histological character of the g The nearer to the typical tissue, the les

recurrence. The more marked the atypi- l character, the great liability to recurrence. fth. When the carcinoma appears in both easts at the same time, there is greater lia- ity to recurrence. Sixth. The personal aracteristics of every individual, such as e age, the sex, temperament, married or un- arried, fecundity, sterility, traumatism, her- ty, locality, race and nativity. The ten- ncy to carcinoma increases from 40 to 50, nains stationary from 50 to 60 and declines er 60. About one in every hundred cases urs in the male. I know while I advocate gical procedure in malignant growths, re are those who believe it to be unneces- y. In my experience I have treated over en hundred cases of mammary tumors in all ns and varieties. I have tried remedial atment, and have resorted to surgical pro- ure, and the following are my conclusions: st, carcinoma of the breast is a local disease he beginning and if it can be removed be- the proliferation begins it will prove in ety-nine of those cases a radical, perma- t cure. Second, if it has passed to the stage onstitutional development where the lym- tics and adjacent glands are involved, the ation may relieve the patients of a large unt of suffering and prolong their lives a years. I believe in the influence of reme- in combating and controlling constitu- al predispositions. From my personal rvation I am satisfied that all cell growths lving the mammary gland are first initi- by innocent tissue change, and it is at stage that constitutional agencies may e serviceable in preventing the cell rth.

400 PRAIRIE AVENUE.

EXTRA-UTERINE PREGNANCY.

BY G. F. COUTANT, M.D.

d before the Illinois Homœopathic Medical Association, o, May, 1892.]

HAVE met with but one case of extra- uterine pregnancy. Mrs. S., aged 30, er of one child, had formerly been my nt but had moved away to a place sixteen distant. She became pregnant in March,

All went as usual for the first six hs, when motion ceased entirely. This ollowed in a short time by severe pain e right ovarian region, and high fever, pain and fever the result, no doubt, of peritonitis. The pain gradually sub- and the fever became decidedly hectic: emaciation was rapid and became extreme. This condition of affairs lasted five months, or eleven months from the time conception had occurred. She was attended all this time by a very competent and painstaking physician, but he had not discovered the true condition of affairs. It was at this period that the patient remembered her old doctor, the one who had attended her in her first confinement, and I was sent for. When I learned the history of the case, as related above, it was no easy matter to make a diagnosis even then, but in making an examination per rectum, a point was discovered on its posterior wall, well up, that seemed to give way before the examining finger. By a little perseverance the opening enlarged, and the finger came in contact with the bone of the fœtal head. The diagnosis then was plain. We had a typical case of ectopic gestation. The child had lived six months, and had remained there dead five months. Large quantities of pus, I was going to say quarts of it, were discharged from the opening. To remove the dead fœtus was then the question. A large boiler of water wa put on the stove and boiled, after which it was allowed to cool for use. A pitcher of corrosive sublimate solution, 1-4000th, was prepared, and everything made ready for action. Chloroform was administered, and the opening in the rectum dilated sufficiently to introduce the hand, and without much trouble, the fœtus, about a foot long, was removed, together with the placenta, and the abdominal cavity washed out thoroughly, first with water and afterward with corrosive sublimate solution. The patient reacted well from the chloroform, but was very weak. The pulse was one hundred and thirty per minute, and the temperature under the tongue 104° Fahrenheit. The situation was critical for a few days, when the patient began to improve, and in four weeks was as well as ever.

VICARIOUS LABOR PAINS.

I call to mind two cases of vicarious labor pains, both occurring in the same patient. Mrs. H., aged 24 years, eight months pregnant with her first child, was taken with a severe pain in the right eye. When I arrived at the house, the regular character of the pain attracted my attention, and noticing that she held her breath while the pain lasted, I suspected that she must be in labor. An examination proved my suspicion correct; the os was half dilated, and at the occurrence of every

pain in the eye, the membranes became tense and the head pressed downward, the os dilated rapidly, and at the beginning of the second stage of labor the pains left the eye and became normal, and in fifteen minutes the child, weighing about four pounds, was born. There were no after-pains, and no further trouble with the eye.

The second time with this patient was very much like the first, except the pain in the eye did not stop until after the discharge of waters, when with one pain in the usual situation, the child was born, weight, eight and one-half pounds.

REMEDIES IN TEDIOUS LABOR.

I was called July 23, 1889, to attend a case of labor in a woman with her second child. When I arrived I was told that the woman had had a "fainting fit." Her labor pains were crampy and irregular, the pains being referred to the region of the pubic bone. While watching the patient, I noticed her stretch out straight in bed, and clench her hands and roll her eyes back in her head; the face became deathly pale. The attack did not last more than five minutes, when she regained consciousness and seemed as well as before. This, then, was one of the "fainting fits" the patient had had before I arrived. When questioning her as to how she felt when the first was coming on, she said she felt as though some one had hit her upon the head with a hammer, and she knew no more. On close examination I could discover no œdema, and there was no history of scanty urine, hence I decided there was no albuminuria.

After carefully weighing the case in my mind I decided it to be a case of epilepsy due to uterine irritation. I could not learn that she had formerly had any trouble of this kind during the menstrual period, but she had been slightly hysterical at times, as evidenced by a disposition to laugh or cry alternately. I remembered having read somewhere in the proving of Cimicifuga racemosa the symptom, "pain in the head like an electric shock," and interpreting the symptom as explained by the patient to mean the same thing, I gave twenty drops of the Ix of that remedy in water, at one dose, and then watched the effect. She had one more fit in about half an hour, when I repeated the same dose. In a little while it was very noticeable that the labor pains were improving. She had no more fits; in the course of two hours the baby was born, a fine healthy girl. It is nearly three years, and the mother has had any signs of a return of epilepsy.

EPITHELIOMATA.

By O. W. McMICHAEL, M. D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

THE germ theory of the cause of epithelomata is accepted by so few that I the impulse to give expression to s thoughts brought out by study.

It is popular for the medical man of school, though happily less so of the follo of Hahnemann, to metaphorically pat hi upon the back and say, "What I thin right, and must be right, because the in taught it." This spirit is fatal to prog The true student must listen to all the no matter how fanciful, and select from e the essence of truth which permeates error.

I shall not expect all to subscribe to wh say, but if by expressing my own belief I succeed in drawing from others someth nearer the truth, my purpose will be acc plished.

That the disease is exclusively local i primary stages, I do not believe. What reason have we for thinking so, than th tuberculous gland is alone subjected to disease and the remainder of the constit is free from it? In tuberculosis it is poss to demonstrate the presence of morbid mat in the blood, and because we have been able as yet to do the same in epitheliom does not follow that we may never be ab prove its presence.

I have come to the conclusion that in e case of epithelioma there is present in blood before the appearance of the disea spore, or many of them, from which the p site must develop. This spore may circu in the blood long before it finds a nidus development, and long before it gives any dence of its appearance. The essential r uisite of this nidus is that some tissue ch must have taken place, that is, that the must at some time have been subjected to inflammatory process. That we cannot al succeed in finding that the part which fo the nidus has at some time been the site o inflammatory process, can form no objec to this conclusion, when we remember t

easy it is to get a bad cut or scratch and forget it in a day or two.

In one hundred and eighty-five cases I have found that ninety-three could be traced to injury, and this is as large a proportion as we can expect to trace. When the spore has found its nidus it begins to multiply and its rate of growth must depend upon its vitality, the food it finds, or the susceptibility of the tissue to its influence.

It is natural to suppose, that should the germ locate in the stratum corneum, its rate of growth would be much less than in the stratum lucidum, and that in the rete mucosum its rate of growth would, on the other hand, be greater. This, too, will account for the amount of pain and the increase as the disease goes deeper. That it will cease to be painful for a time after ulceration once takes place, may be accounted for by saying that extension laterally into the rete mucosum may be checked for a time, and again renewed.

The changes we observe in the epithelial cells leads me to believe that the parasite feeds on only a portion of the cell, and the remainder, dying, is cast off in the sloughing ulcer when there are not enough unaffected cells remaining to preserve the integrity of the parts. Following the disease downward in its natural course into the deeper structures, we find the lymphatics taking up the living germs and carrying them, as well as the partly destroyed epithelial cells, back into the glands. I may say just here, I think it probable that the parasite makes its home within the cell itself. When we observe that the glands are affected in the order of juxtaposition, we may take this as a strong argument in favor of the idea that the cause of the disease is a migratory parasite.

So much for the disease. But what of its cure? The lesson we must learn is to destroy the living germs at the earliest possible moment, and I believe topical application to be the most scientific. The great mistake in the past has been the search for some single remedy for all cases of the disease, and I do not believe such will ever be discovered. We have enough at hand now, if we but knew how to use them and which to select at the proper time. This can come only from long and patient study. We cannot create; we can only build upon what others have done, and to the many workers in this and other lands we must look for new knowledge, as the laboratory brings forth new facts which we can fit into those we already have.

ANÆSTHESIA AND INSTRUMENTAL DELIVERY.

By A. W. SWIFT, M.D.
BELVIDERE, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

I MAKE no apology for bringing before you these few remarks on anæsthetics and instrumental delivery. A great deal has been said and written upon this subject and still the study remains ever new and ever interesting.

My experience with these two adjuncts of labor has not been so extended as that of many, but during a practice of seven years I have used them whenever occasion demanded, and I can truthfully say without any untoward results.

It has been my practice to use chloroform in all cases showing hypersensitiveness to the pains, where such a condition obtained that with every pain the patient would scream, toss about, declare that she would die in the next pain, and do everything and say everything unreasonable. Here a few whiffs of chloroform dispels the trouble and with the return of the next pain, the acute sensitiveness being removed, she gets to regular work and assists with all her might.

I remember one case I had where, being called to the bedside by increased pain, the woman would not allow me to touch her or to assist in any way, and would kick the clothes clear off the bed every time she had a pain. I immediately found a clean cloth the size of an ordinary handkerchief and turned on some chloroform, holding it in my hand to her nose until she got a few good whiffs, when she became docile as a lamb and allowed me to make the necessary examination, and with the next pain, the irritableness having disappeared, the clothes remained upon the bed. This case being near the end of labor, I occasionally gave her a few whiffs until it was terminated.

Again, it has been my practice to use chloroform in nearly all primipáræ and in those multipáræ as would seem best, from the time the head is well down in the pelvis and pressing hard upon the perineum until its passage through the vulva, in the manner taught me by Dr. Grosvenor, namely, by saturating a small cloth with chloroform and putting it in the patient's hand to snuff when the pains are on, and many a grateful acknowledgment have I received for so doing.

The question that next suggests itself is,

Does the chloroform ever retard or arrest the pains? I have had a very few cases in which it seemed to thus act, but in such case we only need to suspend the chloroform, when the pain soon manifests itself again.

The next question would be as to our experience with hemorrhage following the use of chloroform. My experience has been that with deep narcosis long continued, we are liable to increased hemorrhage, but with a partial anæsthesia, even for a long time, and with complete loss of sensation only for a short time, we are not liable to any more hemorrhage than we are without its use. However, it seems to me, with the great number of means at our command for the arrest of post-partum hemorrhage, that it is a thing we need not fear.

Again, we find chloroform a necessary adjunct when we need to apply the instruments. I have, however, used the short or small forcep without the use of chloroform where the head was well down in the pelvis and presenting at the vulva and was not expelled on account of insufficient pains. Here the short forcep can be adjusted, and with slight traction during a pain we can soon relieve an otherwise long and tedious waiting, a great deal of suffering to the patient, and I sometimes think about what might terminate in the end to be vesico-vaginal or recto-vaginal fistulae or, perhaps, cystocele or rectocele. I believe the forceps in the hands of the careful obstetrician is what might be termed preventive medicine. I believe their careful use at the proper time will prevent inflammation, hemorrhage, etc., that would follow the slow, ineffectual pains of some cases. In looking over my obstetrical cases, counting from now back one hundred and seventy-five cases, I find that I have applied the forceps in forty-six of these. In the one hundred and seventy-five cases there have been two deaths. One of them was due to acute cellulitis. In this case the lady had been attended by an old midwife for two days and at the end of that time, thinking something must be wrong, she advised the husband to get a doctor. On arriving at the bedside and finding the os fully dilated and the woman having had hard pains for twelve or fourteen hours, I immediately applied the forceps and delivered an asphyxiated child. I believe both child and mother would be alive to-day if a physician had been called at the commencement of labor, and applied the forceps at an earlier time, thereby obvia the subsequent fatal cellulitis, and also s ing the child.

The other death was caused by uræmia to either ignorance or neglect on the pa the patient to take treatment prior to co ment, she telling me as soon as I was c to the case during labor, and upon asking why she had not been treating for the in headaches, bloated feet, etc., that she s posed the trouble to be due to her condi and that medicine would do her no good that it would all disappear as soon as she delivered. Well, it did, and she too. K ing that convulsions were impending sure to come, I had my forceps ready an soon as convulsions did come, I immedia applied the forceps and delivered her. once sent for my worthy partner, Dr. W man, but she went from one convulsion another in quick succession in spite of all means we could use and died in about two four hours. I made an examination of s of her urine, drawn at the time, for albu and found it about two-thirds solid wit and so we find ourselves often called to c that without the aid of chloroform and forceps we would be in a bad dilemma in

In conclusion, I believe the physi should carry, when called to a confine case, an obstetrical bag containing plen chloroform and the long and short forceps then, when it seems best from any one or of various reasons or conditions, to use cautiously and with care.

THE RATIONAL TREATMENT HABITUAL CONSTIPATION.

By E. M. HALE, M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Asso Chicago, May, 1892.]

IN a normal condition, every person is posed to have one healthy evacu from the bowels every day. It matters n what time this evacuation occurs, morn noon or night, but in the morning, after br fast, is the usual time. Yet many per who seem healthy have a movement of bowels twice or three times a day, gener after meals; in such cases, if the stool normal and healthy and without pain condition cannot be considered abnor Many persons who seem in perfect he have their bowels relieved every two, th or seven days, or even every two or

eks; cases are not rare, in which some de-ee of good health has been maintained for iny years, although fæcal evacuations have ring that time, occurred only at intervals of : weeks or two months. In most cases, wever, retention beyond the usual period is : to produce not only local uneasiness, such tendency to piles and flatulence, but also ne degree of general disturbance, indicated foul breath, loss of appetite, and dyspeptic uptoms. There is a form of constipation it is apt to be mistaken for looseness; the 'son may have several watery evacuations a /, yet an examination of the abdomen shows it the colon, and rectum even, is full of ir-ular masses of impacted fæces, which cause irritation with watery stools, while the d masses are retained in the folds of the ge intestine. Habitual constipation leads more or less permanent hypertrophy and atation of the rectum, rendering this tube s efficient for the performance of its expul-e duties. The whole of the large intestine y become dilated by its contents, and hy-trophied, the mucous surface may be fret-into ulcers, and perforation may ensue; dilatation may be so great that the colon asures twelve inches in circumference; this atation is greatest in the rectum, sigmoid ture, and cæcum.

When not mechanical, constipation arises porarily from change of diet, scene, or bit, or from anything that interferes with the ular performance of defecation. Riding on way cars is a common cause, as is a change n active to sedentary habits. It is a symptom chlorosis, of diabetes, and is caused by a ad of defecation, owing to pain at the anus n piles or fissure. The purely mechanical ses are: cicatricial stricture, thickening he walls of the rectum, compression from hout by tumors, or traction of the bowels n their normal position by adhesion; tor-, strangulation, invagination, and finally n the impaction of foreign bodies. But se are conditions for the surgeon, and do come within the scope of this article. One he chief causes of constipation, and one ling to the worst consequences if not at-led to, is inaction of the liver, I mean ial or complete arrest of the normal flow ile into the intestines. Bile is the natural rient of the human body; if too much is red out, there is bilious diarrhoea; if too e, sluggish action. The liver is the cre-ory of the system, where the poisons gen-erated by the processes of elimination are burned and destroyed. Of these poisons the most deleterious are the ptomaines that are formed in the intestines; if these are not burn-ed, or carried out of the body, they are ab-sorbed, and cause a host of symptoms indicat-ing poisoning of the brain, nervous system, and glandular organs. Next to the general blood poisoning, the injurious effect of consti-pation on the heart, is the most important. The poisonous ptomaines affect the heart as do digitaline, miscarine, veratrine, and other heart poisons. Many of the cases of cardiac disorder which we are called upon to treat, are due to constipation, and its resultant pto-maine poisoning, aggravated by the mechan-ical irritation and pressure of an overloaded co-lon. The treatment of chronic constipation should be more dietetic and hygienic than medicinal; the following rules, if faithfully carried out, will cure nearly all cases not due to mechanical obstruction: (1) Take three simple but liberal meals daily; a small cup of coffee at breakfast, if its use has been habitual, and at lunch, tea, steeped not over five min-utes. Avoid pickles, spices, curries, salted or preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, and all coarse, hard, indigestible food, taken with a view to move the bowels. The eating of coarse cracked wheat, oatmeal bran, graham bread, and other grains *prepared with the hulls on*, is as repre-hensible as the taking of cathartics; they act by irritating the coats of the bowels just as cathartics do, and are as injurious in the end. All cereal grains and leguminous seeds can be prepared, divested of their indigestible envel-ope, and are much more palatable and nutri-tious. The various "Health-food Compan-ies" are doing good work in introducing such preparations.

(2) On first waking in the morning, and also on going to bed at night, sip slowly, a quarter or half a pint of water, hot or cold; it is more than probable that one of the causes of constipation is the small quantity of water taken into the stomach by many persons.

(3) On rising, take a cool or tepid sponge bath, rubbing the bowels thoroughly, giving a general friction with the towel afterwards. (4) Clothe warmly and loosely, see that there is no constriction around the waist just over the hips; (5) walk at least half an hour three times daily; (6) avoid sitting and working long in such a position as to compress or con-strict the bowels; (7) solicit the action of the

bowels every day after breakfast; (in some cases when there are piles, fissure, or proctalgia, after stool, it is better to solicit the action of the bowels at night just before going to bed); if relief is not gained the first day, wait until the following day, then renew the effort at the same time, but without straining; percussion of the anal orifice with the fingers will aid better than straining. Continue these daily efforts till the fourth day, when, if no result appears, an enema or laxative should be taken to unload the rectum and colon, when the daily effort should be resumed. The enema should not be large, not over half a pint, or a pint, unless there be impacted fæces high up in the cæcal region, when "colon-flushing", with warm water or glycerine may be necessary, but to empty the rectum, a teacupful of soap and water, or glycerine and water, or even a spoonful of each, will act promptly. Glycerine suppositories act just as well and quickly as enemata; a little boric acid placed just inside the sphincter by means of a powder blower or the finger, is often quickly followed by a stool.

Before having recourse to laxative drugs, try massage; on rising in the morning, rub the bowels from right to left along the course of the colon with the palm of the hand oiled, or employ a masseur; I have known many most intractable cases cured in a few weeks through this method applied by one who understood the proper manipulations.

There are certain kinds of food that are directly beneficial in constipation, namely: pearled and granulated oats; pearled and granulated wheat; bread made of pearled wheat flour, which contains all the gluten and starch without the hulls; gluten flour; ginger bread, (in some cases better without ginger); mush or gems made from wheatena or "wheat germs"; granola; baked sweet apples, bananas, figs, prunes, dates, peaches, grape-fruit, and oranges; baked beans and peas, sliced tomatoes; veal and lamb, tender steak and mutton chop. Bacon and butter, crackers, boiled milk, *fine* wheat flour, arrow-root, and cheese, pears and preserved fruit,—all aggravate constipation. We will suppose that for a week or two the patient has been under the above diet and regime with no satisfactory stool; the colon is found impacted and distended with fæcal matter; large enemata are of no avail; we have given several of the most approved homœopathic remedies without effect; what shall we do? We must not resort to active purgation for it will only make a bad matter worse, but we can select a medicine that will, by its mild physiological action, imitate the natural function of the bowels, and even increase them; one of these is Hydrastis; five to ten drops of the tincture taken before meals, by increasing the mucus in the colon, (which in constipation is deficient) and by stimulating the muscles of the intestines to increased peristaltic action, will generally enable the colon, in a few days, to get rid of its contents.

The next is *Nux-vomica*, one or two drops after meals, acting on the muscular fibres of the distended colon, will often in a day or two give them strength to expel the accumulated fæcal matter. Collinsonia is often more effectual than Nux, doses 5 to 10 drops. Of all laxatives *Aloin* gives the best satisfaction. One-tenth of a grain (granule) taken before supper and at 9 P. M., will generally give a natural stool the next morning. If the colon is distended by an accumulation, a larger quantity of Aloin may be required. One-half a grain will remove the most obstinate impaction if no organic obstruction exists. After the contents of the colon have been evacuated, continue the same regimen recommended above. Aloin acts by increasing mucus, stimulating the expulsive muscles to action, and by exciting the torpid circulation in the blood vessels of the intestines. At one time, in common with most physicians, I feared that Aloin would cause piles and irritation of the rectum, but I am now satisfied that its careful use for a long period of time, will not do so. I have given Aloin to pregnant women for a constipation that would not yield to anything else, for six or eight months, 1-5 to ¼ grain every night or second night, without causing a single symptom of hæmorrhoidal trouble. There are various combinations of Aloin with other medicines, which sometimes act better than Aloin alone; it is combined with Podophyllin, with Belladonna and Strychnine, with Nux and Hydrastin, and with Ipecac. Each has its advocates, and each acts well in certain persons. Cascara sagrada has been widely advertised and used very extensively, but I have never been satisfied with its effects; it seems to me to act like crude Aloes or Podophyllum. There are cases that, owing to neglect, and the serious symptoms of the head and heart, need very prompt and immediate relief. There has not been an evacuation of any amount for a week, the abdomen is dis-

led, there is a sense of great weight in the hypochondrium, the breathing is oppressed, head feels full, heavy, and confused, there vertigo, the patient is gloomy, cross, and vous; perhaps no conveniences for giving an ma are at hand; in such cases there is no drug t can compare with Castor Oil for prompt- s and thoroughness of action. One, two, ven four ounces can be given without dan- ; in emergencies there is no drug so safe; cts best when given in strong, black cof-

n addition to the dietetic and hygienic s laid down above, we can do a great deal h medicines selected according to the law imilia; this requires good diagnostic skill, we must know not only the pathological dition present in the patient, but also the hological capabilities of the medicine. I l give two illustrations: The patient is an olent man who eats a great deal and takes little exercise; he goes out to stool only en he is obliged to; he has frequent incli- ion, but a trial is ineffectual; he has dull dache, coated tongue, is morose and irrita- ; his abdomen is distended and his food ests slowly; there is abdominal congestion l torpor of the intestinal muscles. Two iedies meet this condition: Opium and x-vomica. Opium causes such a constipa- n primarily, Nux, secondarily. If we give ium it should be prescribed in minute es, i. e. the 3rd dilution, because, if indi- ed primarily the dose must be small. ium will often cure such cases if you nge the patient's habits. Nux is not pri- rily indicated in such a case, because its nary action is to cause frequent stools, h irregular evacuation, at times knotty, at es thin and small, often with ineffectual ing, since the muscles of the colon are ir- ular and spasmodic in action, but not par- . Now, if you give the 1x for these primary ptoms you will aggravate the condition, if you give the 3x you will cure. The case above narrated, which simulates the nary action of Opium also simulates the ondary effects of Nux,—namely, intestinal or with passive congestion of the portal em. Here the 1x of Nux will remove the stipation in a few days. Each case and h medicine must be studied in this manner e are to be successful. Every medicine wn to materia medica will cause constipa- by its primary or secondary action. What st number we have to choose from; yet how few of these are ever used in actual practice. It is the rare cases that require rare remedies. I will mention but a few drugs that I have found most useful: Bryonia is secondarily homœopathic to constipation; it is primarily a hydrogogue cathartic. If the constipation has been preceded by profuse diarrhœa, it will cure in a low attenuation. Its congeries are Podophyllin, Rheum, Colocynth, Veratrum album, Sulphur, Hydrastis, and Mercurius; all of these I use in low attenuations. Lycopodium, Aluminum, and Plumbum, like Opium, cause extreme constipation primarily; they act best when administered in the 3x or 6x. Æsculus, Graphites, Natrum muriaticum, Silica, and Sepia, are useful in exceptional cases.

I do not include in the above, those cases in which a deficiency of bile is the cause of the constipation; there are many such, and in nearly all, this deficiency has something to do with the trouble. In any case of constipation if we discover that the skin is yellow or muddy, if the tongue is brown or yellow, if the stools are black or too pale, and the urine is loaded with uric acid, some medicine should be given that will arouse the bile secreting and excreting action of the liver. Pure bile itself will do this, for it is nature's laxative; one or two grains of inspissated ox-gall taken before each meal is often the only remedy needed. Euonymin excites the secretion and excretion of bile and causes but slight laxative effect; a tablet of Euonymin 1x (1-10 grain), before each meal and at night, is very efficient. Iridin 1x, Murcurius dulcis 1x, Chionanthus 1z, Chelidonium Tr. 5 drops, Carduos Tr. 5 drops, given in the same manner, will cure constipation with deficiency of bile, or greatly aid the action of remedies given for other conditions.

TUBERCULAR MENINGITIS.

By JOS. P. COBB, M. D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

A TUBERCULAR meningitis may be superimposed upon a previously existing tubercular inflammation elsewhere in the system, as the lungs, mesentery, or glandular tissue, or it may be only the active manifestation of acute tubercular inflammation. To the latter type, especially, I desire to call attention, for the following reasons, viz.: When tubercular meningitis follows other acute tu-

bercular inflammations there is usually no difficulty in recognizing the character of the disease, nor is there any probability of averting usual termination.

On the other hand, when tubercular meningitis is itself the first active demonstration of a latent dyscrasia its onset is more insidious, its development more gradual, its early signs more easy of misinterpretation, and its arrest more within the range of possibilities.

I take the ground that tubercular inflammations, under favorable circumstances, may be arrested. No one today disputes the claim that certain diseases of the respiratory tract, of the joints, glandular system or serous membranes, other than cerebral, dependent upon tubercular infiltration, may, if early recognized, be arrested; why not, then, primary meningeal tuberculosis? More service, however, can be rendered by recognizing the pre-disposition, and formulating methods of care with a view to preventing its invasion.

Before discussing this phase of the subject, allow me to freshen your minds by a recital of its onset and development:

The early signs are very indefinite; there may be a history of colds, debility, anæmia, constipation or diarrhœa, adenitis or eczema; very frequently it will be found that at some period of infancy the nutrition and development was faulty.

A large proportion of the cases will also be found to belong to families which consumption has invaded, or in which scrofulous manifestations are common. Loss of appetite, emaciation, peevish irritable disposition, disinclination to play, or perfect listlessness are early signs. The peevishness and depression are often temporarily relieved by sleep. Sleep, however, is restless or disturbed. Headache accompanied by scowling is an early, persistent and progressive symptom; the head is often supported by the hand as if it were heavy, and frequently the same spot will be held or pressed.

The tongue is furred; vomiting spells of short duration, unexplained cause and prompt relief, occasionally occur. The vomiting is sudden, expulsive, not accompanied by nausea, and in young children occurs when they are raised up or turned over in bed. Constipation is the rule during this stage, and the fæces are usually either abnormally pale or dark; the abdomen is frequently hyperæsthetic, suggesting peritonitis. The urine, usually scanty and high-colored, may, at irregular intervals, be very profuse and pale.

Together with this there is, in the beginning, no elevation of temperature, and when it does come it is gradual, atypical and rarely high until near the end. The pulse is lessened in frequency from the start and always irregular, varying not only in successive hours but even in successive minutes.

Gradually the broken sleep gives place to somnolence; an irregular rise of temperature, rarely high, occurs in the latter part of the day. Aversion to light becomes marked and a persistent drooping of the eyelids is noticed.

These premonitory symptoms may continue with interruptions and apparent relief for a few weeks, or even months, when the second stage corresponding to the effusion and the development of conditions due to cerebral pressure announces itself by an intensification of the existing symptoms. The headache becomes more severe, accompanied by a constant frown, which persists even in sleep. The sleep is still more heavy, not interrupted by the grinding of the teeth or unexpected cries. When awake they are dull and apathetic; if aroused from their apathy they sink back into a drowsy state. They do not complain much, but evidently suffer a good deal. Short delirious attacks are common. Respiration is interrupted, to be resumed with yawning and deep sighing. The pulse becomes more retarded and irregular; the urine more scanty; constipation more obstinate. The eyes are but half closed in sleep, and never wide open when awake; there is an absent, vacant stare in the eyes as they roll slowly from side to side; the pupils dilate, sometimes one more than the other, and strabismus appears.

The face flushes suddenly and easily in circumscribed spots; contact with the pillow or hand or friction with the finger causes a circumscribed blush that may remain some minutes.

Twitching of the mouth, eyelids or other muscles soon appears, to be followed by general or localized convulsions, which may give place to paralysis either general, of one limb, or a single group of muscles.

A marked change now supervenes and announces the final stage. The temperature rises to 103° or over, accompanied by profuse perspiration; the pulse increases to 160 or even over 200, still, however, irregular; respiration becomes hurried, of the Cheyne-Stokes type, and death ensues in a few days. Such

is the usual history of the disease and its duration is commonly four to six weeks; the prodromal stage, however, may be much longer if we date the beginning from the first indisposition.

I do not propose to discuss the pathological anatomy of the disease further, than to remind you that the pia mater on the surface, in the ventricles or at the base of the brain may be individually or collectively the seat of the irritation and inflammation, and that the type of the symptoms will depend upon the part or parts involved; also, that in a child dying of tubercular meningitis it is rare not to find other organs and tissues invaded by the tuberculous deposits, even though they may have given no signs of such invasion.

Tubercular meningitis is pre-eminently a disease of childhood, and the majority of cases are in children between two and seven years of age; it is not rare, however, in children under two years of age, but in infancy is more frequently mistaken for something else.

With our present knowledge of tuberculosis we must agree that there is but one exciting cause for any form of tubercular inflammation, viz., a specific invasion; it spreads along the lymph ducts and excites a specific form of inflammation. Children of tubercular or scrofulous parents are more liable to be attacked, not, however, because of direct hereditary transmission, but mainly because of the congenital insufficiency of tissue development and of the better opportunities for contagion by food and inhalation.

These children are often under normal weight, delicate and poorly nourished, yet ively, impressionable, intellectually precocious and ambitious; just the type of children who are prone to develop to its fullest extent ny disease which they may contract. Often he origin of this form of meningeal inflamnation can be traced to the bronchial glands vhere tubercular deposits may have been dornant for several years, to be excited by an ttack of whooping cough or measles.

The diagnosis is not always a simple matter, nd yet a correct interpretation of its premoniory signs, and a recognition of the predisposion are absolutely necessary to either check s progress or prevent its development. The arliest symptoms are a disturbance of the sychical functions, irregular sighing respiraon, retarded and slow irregular pulse, omiting and constipation, retracted abdomen, minished urine, headache, twitching of facial muscles, spasmodic smiling, sucking or snuffing, and a disturbed sleep with a rubbing or rolling of the head. A form of ataxia, consisting of a tottering, undulating walk with an expression of fear and anxiety, is also an early symptom. Some of these are not always present, *e. g.*, vomiting is a sign of pneumogastric irritation, and therefore belongs to basal meningitis, while in meningitis of the convexity it may be entirely absent. In meningitis of the convexity also, the pupils remain equal.

Constipation is the rule, but if the mesenteric glands are involved diarrhœa may be present, and in young children the abdomen may be bloated rather than retracted; together with this there is frequently an hyperæsthetic condition of the abdomen. This group of symptoms resembles the atypical forms of typhoid fever, which we frequently find in children, in whom also the meningeal irritation of typhoid fever is often very pronounced.

The irregular respiration and pulse, the absence of fever, and the lack of relationship between temperature, pulse and respiration will, however, usually serve to distinguish them. Tubercular meningitis may be differentiated from other forms of meningeal inflammations by its more gradual onset, absence of fever, lack of any eruption or hemorrhagic symptoms, later occurrence of dilatation of the pupil, but an early ptosis, and tardy occurrence of vaso-motor disturbances. From nephritis it can be distinguished by an early examination of the urine and sometimes by no other means.

Recovery is rare when the disease is once developed, yet post-mortem examinations have shown that a former attack has been recovered from. The object to strive for, however, is to recognize the predisposition before nature has made any effort to rid herself of an intruder. Tubercles may exist for some time and give none but premonitory evidence; nature's effort to rid herself of the intruder is by an inflammatory process, but here the process is not self-limiting.

While the disease depends upon the invasion of the tubercle bacillus, there are also other factors necessary for its development, viz., a proper soil upon which to grow and a lessened resistance to overcome. Mucous inflammations and meningeal hyperæmia or irritation furnish one factor; improper nutrition, mental or physical strain and hereditary influence another.

Children of tuberculous or scrofulous fami-

lies must not be subjected to the forcing school system in vogue today; they should not be allowed to go to school until after eight years of age; after this age their hours should be short and work frequently interrupted. They should live out of doors as much as possible, and the best climate for them is the one that furnishes the greatest opportunity for out of door life; extremes of heat and cold are especially to be avoided; overheating in the sun or chilling of the surface are each liable to precipitate an attack. It is better that they should wear their hair short, should not sleep upon feather beds or pillows, nor be too warmly covered while in bed.

If we remember that their inheritance often brings them a lack of, or unequal tissue development, it is easily seen that a carefully planned system of exercise and feeding is of the utmost value to them. Gymnasium exercises, under competent supervision, will do more for them than exciting forms of play. All overstrains, either mental or physical must be avoided.

There is an intimate relationship between all meningeal troubles and constipation, and an improvement in one is often coincident with a similar improvement in the other, yet I can conceive of no more harmful treatment for this form of meningitis than the administration of cathartics; they need all the nourishment that can be obtained from their food and we do not help them any by hurrying through the contents of the alimentary tract. Proper food, good habits and certain constitutional remedies (known to you all) are of far more value to them.

The tubercular bacillus is infectious, but it must be desiccated before it can be readily disseminated; then it, like others of its kind, requires warmth and moisture for its development.

All tubercular excreta should therefore be sterilized as soon as it leaves the body.

As far as medicinal treatment is concerned, I have nothing to offer, preferring that your amplification of the subject should be more in the line of prevention.

3156 Indiana Avenue.

Letting all alcoholic drinks alone is a much more efficient prevention of drunkenness than the injection of a few drops of some specific into the arm here and there of a man already a drunkard.—*Dr. N. S. Davis.*

DISEASES OF THE PAROVARIUM.

By H. N. LYON, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

ON each of the broad ligaments, outside of and slightly above the ovary, is a small body known as the parovarium. In its ordinary condition it has no function, and why it is there at all is a mystery. Regarding the manner of the development of disease in this organ we have more definite information, and it may be well to review briefly its origin. About the end of the third week of intra-uterine life, two kidney-shaped bodies appear in what is eventually to be the abdominal cavity. At first, these bodies are of comparatively large size, almost completely filling the abdominal cavity. By the end of the sixth week they have attained their greatest development; after which time they gradually become smaller until at the end of the third month they have almost wholly disappeared.

These, the Wolffian bodies, are formed by a dipping in of the epiblastic layer, pushing before it the mesoblastic layer, and later on the mass receives an endoblastic or peritoneal investment.

Before this peritoneal investment is formed, however, a great change has taken place in the Wolffian bodies. A portion has become detached from each, and, growing rapidly, becomes the kidneys.

As the kidneys attain their function the Wolffian bodies, which up to this time have been in direct vascular contact with the liver, and have served as urine excretoring organs, undergo partial atrophy, the portions remaining becoming the rudiments of the future genital system.

As the generative organs develop, the Wolffian bodies become smaller and smaller, until eventually all that remains are two small masses, the parovaria.

It would seem, that in this process of atrophying, that practically all vitality would be lost and it would be so if the Wolffian bodies were mesoblastic structures, but, being derived from the epiblast, the cells have a much greater vitality.

As the Wolffian bodies consist of a large number of tubes emptying into a common excretory duct, so the parovaria have an analogous structure.

Ordinarily we find a parovarium to consist of from eighteen to twenty-two—more or less—convoluted tubes, joining at right angles to a

common excretory duct, and the whole surrounded by a thin capsule.

These tubes are essentially similar to ordinary tubular glands, and, although under ordinary conditions quiescent, may under a particular stimulus awake to full activity. There would be no particular harm from this if the parovarian duct emptied into anything, but unfortunately the duct merely passes for a short distance between the layers of the broad ligament and then ends in a blind extremity.

Here we have at once the cause of the parovarian cysts. These tubes are lined with a secreting epithelium and as no passage exists for the removal of the excretion, the wonder is that these cysts are not universally present.

In structure the parovarium being analogous to that of the kidney may undergo the same pathological conditions. Accordingly we divide its diseases into two classes:

1st. Those accompanied by only slight increase in size.

2d. Those diseases characterized by marked enlargement.

The latter is again divided into cystic and solid tumors.

Under our first heading there is practically but one disease that can attack the parovaria, as they are so completely isolated from communication with the other abdominal and pelvic organs. This disease is simple inflammation.

Under our second heading we have several varieties of cystic and solid tumors, and these in turn may be classified under several subheads.

The cystic tumors may be of two kinds; those of the Wolffian bodies proper, and those of the Wolffian duct. Those tumors of the duct are more especially confined to the terminal portion, that part which is known as the duct of Gaertner, the part which joins the Wolffian tubes being known as the epöopharon.

The cystic tumors of the Wolffian body proper, are either single or multilocular accordingly as one or a number of the tubes are involved.

These cysts vary in size from those no larger than a small pea, to others the size of a man's head, and occasionally of much greater size. As these cysts cause no particular trouble, except when of sufficient size to cause pressure on adjacent organs, they are rarely discovered during the life of the patient, unless they have attained considerable dimensions; in the post mortem room, however, it is not uncommon to find slight cystic dilatation of the Wolffian tubes and the duct of Gaertner.

Of the solid tumors the encephaloma is the most frequent, and next in order comes the sarcoma. Melanomata, adenomata, and dermoid cysts, occasionally occur but are extremely rare. One case of the latter has occurred in my experience. In this instance the tumor, which was as large as a child's head, was filled with a mass of long perfectly formed hair and caseous matter containing in addition a well formed cuspid tooth and a second rudimentary tooth apparently a bicuspid. The ovary was attached to the tumor, but was in a perfectly normal condition.

The differential diagnosis between tumors of the parovarium and ovary is more a matter of scientific interest than of diagnostic importance; in fact, it is practically impossible to distinguish between them before their removal.

In the case of cystic tumor it was at one time taught that the presence of ciliated epithelium and the so-called Drysdale corpuscles in the fluid removed by aspiration was characteristic of ovarian cysts. That is now known to be fallacious, as ciliated cells occur in the parovarian tubes, and as Drysdale's corpuscles have been shown to be merely epithelial cells in an advanced state of fatty degeneration, they can as readily occur in the parovarian cysts.

Again, a chocolate colored fluid was considered diagnostic of parovarian cysts. That idea too is now exploded. The chocolate colored fluid being merely the result of a tingeing from extravasated blood coloring matter, may as readily occur in other cysts.

A clear "spring-water" like fluid is the most common as being the natural secretion of these bodies, but this too may occur in ovarian cysts. From ascitic fluid it can be told by the presence of ciliated cells and the absence of squamous cells from the peritoneum. Occasionally, cells are found in the parovarian fluid that resemble those from the serous cavities, but in this case the cells are thicker, being flattened cells and not the true squamous variety.

There is, however, one feature that is almost diagnostic of parovarian cysts: that is, a clear fluid resembling water and having a very low specific gravity. From serous exudates this fluid differs in being of a lower spe-

cific gravity and coagulating less readily. Serous exudates usually have a specific gravity above 1018, and are liable to coagulate spontaneously, after standing for a few hours.

Transudation fluids are rich in albumin and usually show distinct traces of sugar. They have always an alkaline reaction and show more or less color, usually of a yellow tint.

The specific gravity of transudation fluid is usually below 1018.

The presence of paralbumin, (metalbumin) once considered diagnostic of parovarian cysts, has been proven of doubtful value in establishing a diagnosis, as it is found in cystic fluids from the ovary and other organs.

Venetian Building.

LINA FARINA.

By A. G. TOWNER, M.D.

PRINCETON, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

FLAXSEED meal is, to my notion, the very finest substance we have for making a poultice. Flaxseed meal tea is an old and much used demulcent in catarrhal states. The point I wish to bring out is a bit of very unpleasant personal experience, an involuntary proving of the substance. Never having heard of any proving of Lina farina, and having seen only a very short reference to one case similar to my own, I will give my very unpleasant contact with flaxseed meal.

One point seems strange to me, and that is, when I lived in the state of New York I could handle the flaxseed meal, feeding it to stock, use it as a poultice and have no unpleasant results, but since living in Illinois I am, as it were, poisoned with the meal if I am not very careful. The symptoms are these: Once in preparing a poultice, and in rubbing my eyes, I felt an unpleasant heat, burning, dryness, and intense conjunctivitis, chemosis and so much infiltration of the cellular tissue about the eye that in one hour my eye was completely closed. The irritation rapidly extended through the lachrymal duct to the nose, and there the same heat, burning, dryness, with also an indescribable scraping, itching feeling, nearly driving me wild. The irritation continued down into the throat, and by that time the nasal passage was so closed as to oblige me to breathe through my mouth, but when the irritation reached my chest, there my "tale of woe" begins, as I was a complete picture of an aggravated case of bronchial asthma. Looking in my throat, it was filled, as it were, with large, white blisters, and by this time it was with the most extreme effort that I could breathe. Large doses of the tincture of Ipecac gave some relief, promoting expectoration of a tough, white mucus. In about two hours the intense irritation in a measure subsided, to be followed by another change of program in the shape of hives, and I was one complete blotch from the crown of my head to the end of my toes, a complete bodily eruption, smart, sting, burn. I will not narrate the colloquial pyrotechnics I used to help on the matter, but I used Apis internally. That night I slept sitting up in a chair, and by morning was free from the constriction of the chest, but the œdema of the eyes persisted for three days.

Since that experience I have been very cautious in my handling of flaxseed poultice. Of course, I am obliged to use it, and although I do not handle it if I can possibly avoid it, still the steam will give me quite a violent coryza and itching, smarting of throat, nose and eyes. I have had, now, five of these attacks, and the meal was in some way directly applied to my eyes, nose or mouth by some carelessness or forgetfulness on my part, and with the same aggravated results. Once only did I make a martyr of myself differently, and that was by taking a lozenge in my mouth out of a glass jar in a drug store. At once feeling the peculiar sensation in my throat, I looked at the jar to see what was the composition of the seductive medicament, and to my dismay saw I was in the toils of my enemy.

Well, I had the same symptoms of nose, throat and chest. The eyes were exempt this time, but after I had the asthma and hives under control, then the stomach sent in its protest from the small part of meal swallowed in the lozenge, and I had a vomiting and purging time of it. You see, I am now quite afraid of flaxseed meal in my system, even to inhaling the fumes of a poultice. From such a very small part, as, with all my care, I have, since my first experience, taken by steam or direct application to any air passages. It is strange that such a mild, soothing application as is flaxseed, in the form of a poultice or as a demulcent drink, should in my economy set up such violent symptoms. I have asked a good many physicians if they had ever had any similar experience, and have always received a negative answer.

The other case to which my attention was directed was this: A physician writing in the *Homœopathic World*, being called to attend a patient, a female who was afflicted with an ulcer over the right tibia, and suffering great pain. Flaxseed meal poultice was ordered, to which the patient objected, saying that during a few years past the meal or poultice always gave her asthma. It was applied, however, notwithstanding the protest of the patient. In a short time the physician was summoned hastily and found his patient livid, gasping for breath, having all the symptoms of asthma. The poultice was removed and the attack subsided. Later, the urticaria appeared on the body and a crop of herpes where the poultice had been.

Trousseau gives one case where a chemist could not use the powdered meal, on account of the same symptoms.

I have this to say as to my own case, and regarding my observation of hay fever, which is so prevalent in this country, and has been such a troublesome thing to treat, that it seems to me the potentized meal ought to prove a very valuable remedy in treating this annoying affection. This year I purpose to try it faithfully and perhaps this seemingly simple and, so considered, harmless substance may develop into a great boon to asthma sufferers, and also give physicians credit as well. Sabadilla is very nearly akin in its effects to flaxseed as to symptoms, and has served me many a good turn. Sabadilla and Euphrasia have helped me many times and given me a good name in treating hay asthma, but I am inclined to have much faith in the flaxseed meal. I wish those that hear this paper would try the remedy from potencies 3x up to 30x, and report results. I should like some one to record their experience, as this is the way we are to learn accurately what we so much desire to know.

THE relative number of deaths from contagious diseases in Michigan in one year. The following diagram accurately drawn to a scale will prove of interest:

_____Consumption.
_____Diphtheria.
_____Typhoid.
_____Scarlet fever.
_____Whooping Cough.
_____Measles.

SELECTIONS.

Hahnemann's Medicines *v.* "High Potencies."

BY R. E. DUDGEON, M.D.

It would be most desirable could we all agree as to the best dilution, attenuation or potency in which to administer the homœopathically selected medicine so as to obtain the best and promptest remedial effect. It were also desirable that we should all agree on the best mode of preparing these dilutions. Hitherto the literature on the subject has not been very satisfactory.

The advocates of extreme dilutions relate cases of marvelous cures by their favorite preparations, but it seems to me that they would not consider such cures as they relate for our admiration as either marvelous or uncommon had they been effected with the ordinary Hahnemannic preparations. It is the excessive dilution of the drug employed that apparently constitutes the marvel.

But when they allege that their extremely diluted medicines are so infinitely superior in their effects to the ordinary preparations, and when they imply, and indeed maintain, that the practice with these preparations is more scientific than, and should therefore be adopted instead of that taught by Hahnemann, it is incumbent on us to examine attentively the evidence they offer before discarding the method taught by the founder of homœopathy.

And first, let us inquire how these "high potencies," as they are called, are prepared. And here let me observe that while the epithet "high" only denotes the high figures applied to the preparations used, the dilution or attenuation ought really to be designated "low", and this was the term originally used by Hahnemann to denote the increased dilutions of his medicines. We all know how Hahnemann directs his medicines to be diluted. The diluting medium he employed was alcohol; one drop of the previous dilution was to be added to 99 drops of alcohol, the mixture was to be well shaken, and this process continued through successive phials until the 30th dilution was attained. The essentials of Hahnemann's process then were, 1st, the diluting medium—alcohol; 2nd, the exact proportional measurement of medicine and diluting medium; 3rd, the employment of separate phials for the successive dilutions; 4th, the succussions to be given to every dilution, from two at first to as many as fifty or more, in his latest directions.

The preparations called "high potencies" are made in a very different way, or, I may say in very different ways. According to Fincke, there are no fewer than 24 different kinds of "high potencies" in the market. Most of these are made by allowing the service water of the locality where they are made to run through one phial originally containing one drop of the medicine, or of some dilution thereof. No succussion is performed. The ordinary water supplied to towns is, as every one knows, not pure. That supplied to London, for instance, contains 20 grains of solid matter to the gallon. This solid matter is chiefly carbonate of lime and chloride and sulphate of soda. The water is, in fact, a solution of sundry saline ingredients, nearly corresponding to the 2nd centesimal homœopathic dilution. Suppose we attempt to make a "high potency" of *calcarea carbonica* or *natrum muriaticum* with this water; however long we should continue the process, in the end our preparation would always remain the 2nd dilution, or thereabouts, of *calc. carb.* and *nat. mur.* As the dilution of *nat. mur.* and *calc. carb.* is only commenced at the 3rd trit. or potency, we actually attempt to dilute the 3rd attenuation with the 2nd attenuation of the same drug. Other waters employed for diluting purposes in other localities, contain other ingredients, such as potash, iron, silica, ammonia and carbon in varying quantities, equivalent to the 2nd and 3rd centesimal dilutions of our pharmacy. Is it a matter of indifference what medicinal impurities exist in diluting media?

The case is not a bit better for the vegetable tinctures. Hahnemann, himself, has pointed out (M. M. P. II., 44) that if we use a large quantity of water for diluting purposes, "the chemical and other changes always going on in the water would destroy and annihilate the medicinal power of vegetable tinctures in a short time." But the "high potency" men treat all the teachings of Hahnemann on the subject of preparing his medicines with utter contempt, and yet they arrogate to themselves the appellation of "Hahnemannians," and revile those who put in a word in favor of Hahnemann's pharmaceutic method.

Hahnemann's method recommends itself to my mind as being more simple, certain, scientific, and exact. We know precisely what we have in all his dilutions from the 1st to the 30th. The decimal variation on Hahnemann's plan is equally simple, certain, scientific, and exact. We should only bear in mind that the numbers in this scale only represent half those of the centesimal scale, that 4 dec. is equal to 2 cent., 10 dec. to 5 cent., and so on.

But dilutions made on the "fluxion" plan with ordinary water are uncertain as to their degrees of dilution, and doubtful as to their medicinal constitution. The certainty and uniformity which marked Hahnemann's method is exchanged for uncertainty and diversity. We do not know what weapons we are working with. And supposing we had thoroughly ascertained the true composition and degree of dilution of the "high potencies" of one manufacturer, that would give us no knowledge of those of another manufacturer prepared in a different way and with a diluting medium of a different impurity. How shall we know which to prefer? Jenichen, Petters, Lehrmann, Boericke, Swan, Fincke, Skinner, have each their partisans. Some seem to think that all are equally good and so use them all indifferently in their practice, but others swear by one manufacturer and will not use those of another.

The method adopted by the "fluxion" potentizers may be called "displacement" instead of dilution. In an article on "Dilutions" that appeared in the *British Journal of Homœopathy*, vol. 39, p. 1., it is shown that there is reason to believe that the dilution obtained by this method is quite insignificant. At all events they have not the slightest relation to the corresponding numbers of the Hahnemannian scale, and it is a manifest deception to pretend that they represent the thousandth and millionth centesimal dilutions, when the probability is that *e. g.*, Swan's thousandth is of about the strength of Hahnemann's 5th, and his millionth not weaker than Hahnemann's 10th.

For my own part, I prefer Hahnemann's simple scientific plan of making dilutions, to the uncertain unscientific methods of the high-potentizers. Parodying the famous utterance of a distinguished statesman, I would say: "It is better to stick to a wise plan though old, than to adopt a stupid plan because it is new."

My thoughts have been directed towards this subject by a paper in your last number by Dr. Alexander, entitled *High v. Low Potencies*. This paper abounds in all the remarkable peculiarities of argument which we meet with in the writings of the "high

potency" advocates. Dr. Alexander's attention was first directed to "high potencies" by a professor in the Homœopathic College of St. Louis, whose routine practice was to give the hundred-thousandth dilution in almost every case. Whose preparations the professor used is not stated. He next met Dr. H. C. Allen, of Chicago, who was converted to "high potencies" by a case of "a serious form of ophthalmia," which under his own treatment with low dilutions and eye washes "became steadily worse, the eyes becoming *as bad as they could possibly be, and sight totally lost*," which was perfectly cured by Dr. Carroll Dunham in three weeks. It is a great pity we were not informed what kind of ophthalmia this was, what Dr. Allen's unsuccessful treatment was, and what medicines were prescribed by Dr. Dunham. There is a vagueness here, not uncommon in "high potency" literature, which adds immensely to the marvelous character of the narrative, but which renders it useless, because unintelligible to the practitioner.

Dr. Alexander says that "aggravations not infrequently follow the exhibition of a strong dose of the true *simillimum*," and "this experience was perhaps the chief cause which led Hahnemann to gradually reduce his dosage." That is hardly a correct statement of the facts. Hahnemann believed that aggravation of the morbid symptoms was a necessary effect of the administration of the true homœopathic remedy (*Org.*, § 157-160). His attenuations of medicines with the attendant triturations and succussions were undertaken with the view of liberating and unfolding their powers, so as to render them more potent medicinal agents. Aggravations were not done away with, only with the attenuated medicines they were of shorter duration than those caused by stronger doses. Dr. Alexander admits that medicinal aggravations are not a serious objection to the employment of the stronger doses. The chief objection to their use is, he says, because they are "practically inert." It seems strange that they should be "practically inert", and yet cause objectionable aggravations. But it appears that even "high potencies" are liable to cause disagreeable aggravations, for in Dr. Alexander's Case IV. the thousandth dilution of *nux vomica*, preceded by one dose of the hundred-thousandth dilution of *sulphur*, caused such severe aggravation of all the symptoms that the patient had to leave off taking the medicine for some days.

As regards the cases given by Dr. Alexander to illustrate the efficacy or superiority of "high potencies," I think many practitioners will agree with me in testifying that they have seen equally good cures effected in similar cases by the same medicines as those given by Dr. Alexander, prepared according to Hahnemann's method, and given in the ordinary way. If that be so, I would ask what is the advantage of giving these so-called "high potencies" instead of Hahnemann's? I do not suppose that any practitioner who had successfully treated a case of dyspepsia with *sulphur*, *nux vomica* and *lycopodium* or a case of hæmatemesis with *ipecacuanha* in ordinary doses would think of calling his cures "marvelous" and singing a *Te Deum laudamus* over them; but this seems to be the correct mental attitude to be assumed if instead of thirds, twelfths or thirtieths we employ medicines labelled "M.," "CM.," or "MM."

"High potency" advocates always insist that their remedies act much better, more quickly and more certainly than the Hahnemannian preparations; but I am not acquainted with any records of cases where the "high potencies" cured after the Hahnemannian doses of the same medicines had failed. Certainly Dr. Alexander's cases show nothing of the sort.

No reason is ever given why one "high potency" should be given rather than another. Dr. Alexander apparently prefers the thousandth dilution; why, he does not say. He occasionally deviates into the hundred-thousandth, but gives no reason for doing so. His American professor's "routine practice" was with the hundred-thousandth. Dr. Carroll Dunham, we know, stuck to the two-hundredths, which he made himself. Others give the ten-thousandths; others, again, the millionth; and I think I have seen the ten-millionth mentioned as a dose, but of this I am not sure. I do not know why one "potency" should be preferred to another among these transcendental preparations, and their employers offer no reason for their preferences.

In the practice of our art it is of the last importance that we should be sure of the instruments we employ. It is essential that we should be assured of their purity, that we should know how to prepare them, that their designation should indicate exactly what they are, that their numbers should indicate the precise quantity of medicinal material they contain. The medicines prepared according

to Hahnemann's precise and well-considered directions fulfill all these requirements.

The "high potencies" are conspicuously deficient in all these essentials. The medium with which they are prepared, the ordinary service water of the locality where they are made, unfiltered and unboiled, contains appreciable quantities of medicinal substances and various organic impurities. The diluting medium of each manufacturer differs as to ingredients from that of every other, but all are impure. As each "high potency" manufacturer has his own peculiar method of making his potencies, there is no uniformity among them, hence the experience of a practitioner with the preparations of one manufacturer cannot be repeated with those of another. The numbers affixed to the potencies only indicate approximately the quantity of water that has flowed through the bottle, but not the quantity of medicine contained in the dilution. The only thing certain about the numbers is, that they never indicate the strength of the preparation according to either the centesimal or decimal scale. The precision and uniformity insisted on by Hahnemann, and perfectly obtained by his method, are completely absent in the practice with "high potencies."

Hahnemann considered the succussions he gave to each dilution as essential to the unfolding and liberation of the medicinal powers of the drug; he says, indeed, that the development of the drug power by trituration and succussion is "among the greatest discoveries of the age," (*M. M. P.* II., 44). Jenichen alone among the "high potency" makers, concerned himself about succussion, but as he commenced making his dilutions from an empty botttle from which all the medicine had evaporated, many of us would opine that his laborious succussions were hardly a perfect substitute for the absence of the medicine. The other "high potency" makers, or most of them, make no attempt to succuss their dilutions. It is sufficient for them to put the bottle containing a drop of the tincture under the tap over night and to allow the water of the cistern which is itself a "low" dilution of several of our potent drugs, to run through it while they sleep, and the final bottleful of this impure water they find at the morning visit is called by them the thousandth, ten-thousandth, or hundred-thousandth potency, according to the quantity of water they reckon has passed through the phial.

I consider the introduction of the "high potencies" into homœopathic practice, as an unmitigated evil; not only because they are subversive of all the teachings of Hahnemann on the subject of the preparation of his medicines—that might be endured if only they were superior in efficacy to Hahnemann's dilutions. But of this not a scintilla of proof has been offered. The partisans of these potencies have published many cases treated by them, which they try to persuade us are marvelous cures, but which if they had been treated by Hahnemannian preparations would have been regarded as the commonplaces of homœopathy. No instances, as far as I can recollect, have been furnished where it has been proved that the so-called "high potencies" cured after the ordinary preparations had failed. The records of homœopathic therapeutics show hundreds of cures by the ordinary remedies of homœopathy quite as striking—or *marvelous*, if you please—as any related by the high-potentizers. Can they show any better cures than Hahnemann's own model case treated with the pure juice of *bryonia?*

The history of "high potencies" does not prepossess us in favor of them. The first inventor was a Russian squire named Korsakoff; then came Stallmeister Jenichen, whose brains did not seem to have been quite right, or, at least, not to his liking, as he blew them out; the next makers of high potencies were the homœopathic chemists, Petters and Lehrmann. When the mania spread across the Atlantic a whole crowd of competitors, chiefly doctors, rushed into the "high potency" business. Now, as all the "high potencies" thrown upon the market by these numerous purveyors were differently prepared, and as no one knows what they really are, the *ipse dixit* of each maker being the sole guarantee for the genuineness of his wares, we have here an undesirable element of secrecy introduced, contrary to the whole spirit of Hahnemann's teaching, and bringing down homœopathy to the level of Mattei's electro-homœopathic nostrums, with this additional disadvantage, that there are as many different sets of "high potency" nostrums as there are makers of them.

I do not in the least doubt that cures follow the administration of "high potencies," just as they do the employment of Mattei's marvelous medicines, Burggrave's dosimetric remedies and Mother Seigel's syrup, for I believe

there is truth in the saying, *morbi sanantur per medicum, sine medico et contra medicum.* It is impossible to judge of the comparative value of different methods of treatment by selected cases, and in many instances the medicine prescribed constitutes the least important part of the treatment and has little or nothing to do with the cure, which is often owing much more to the prohibition of some injurious habit, the regulation of the diet or regimen, or some alteration suggested by the physician in the conditions and surroundings of the patient.

If those who believe in the vast superiority of the "high potencies" have the courage of their opinions they will have to give us a new pharmacopœia, in which they will tell us that Hahnemann was altogether wrong in his directions for making his medicines; that alcohol is an unsuitable medium for diluting them; that succussion is useless; and accuracy in measurement of the quantities of the drug in such dilution is unnecessary. Instead of all Hahnemann's pedantic and laborious processes for attaining exactness and purity, the best mode of making the medicinal dilutions is to put a drop of the tincture into a small bottle, place this under the tap, and let the ordinary impure water of your cistern flow through it for so many hours or days, and then you label the last bottleful the thousandth, ten-thousandth, hundred-thousandth or millionth "potency" according to fancy. To dilute a medicine by the method of Hahnemann down to the thousandth "potency" would require, so Dr. Alexander says on the authority of Dr. Rhees, 4⅛ days; to the hundred-thousandth, 416 days; to the millionth, 13 years of unremitting labor. By this new method they can all be made, as the cobblers announce they can mend your boots, "while you wait," without any labor.

When the partisans of "high potencies" have converted all their colleagues to their own simple faith, the homœopathy of Hahnement will be relegated to the limbo of effete creeds, and we shall have become the laughing stock of all sensible people.

I have said nothing about Dr. Alexander's endorsement of the vital-force theory Hahnemann adopted in the last edition of the *Organon.* It is a mere theory, incapable of proof or disproof, and may be held as a pious opinion, or rejected by his disciples. It explains nothing, but seems "grateful and comforting" to the employers of "high potencies," so it would be cruel to deprive them of it.

Ptyalism of Pregnancy.

I am sure that the physician who is unfortunate enough to have a case of profuse and prolonged salivation of pregnancy come under his care will cease to consider it trivial. If we turn to the standard obstetrical works, we find the matter disposed of in from six to twenty lines, all agreeing that it is of nervous origin and not readily controlled by remedies. Cases are cited in which the discharge of saliva amounted to several quarts a day, requiring the patient to keep a basin by her side, incessantly emptying the mouth, reducing her to a condition giving rise to serious anxiety.

Playfair says a profuse discharge from the salivary glands is an occasional accompaniment of pregnancy. It is generally confined to the early months, but occasionally continues during the whole of gestation and resists all treatment, only ceasing when delivery is over.

Lusk says incessant flow of saliva to the extent of two or three pints in the course of a day has been observed. Small doses of atropin, pilocarpin, viburnum prunifolium, have been severally recommended.

Cazeaux says it rarely lasts more than two months. In a large portion of cases ptyalism ceases spontaneously, for no confidence can be reposed in the measures generally resorted to for its removal. Some advantage, however, may be derived from the use of aromatic infusions and astringent gargles. I have found it useful to have the patient keep a piece of sugar candy constantly in the mouth, lumps of gum arabic, pieces of ice, etc. It is useful to be acquainted with these various measures, if only to keep up the patience of the sufferer by varying them from time to time until the discharge ceases of its own accord.—*Dr. O. A. Gordon, in Brooklyn Medical Journal.*

About Milk-Teeth.

If you care for symmetry of feature and sweetness of expression in the lower half of the face; if you appreciate one great beauty in the laugh and the speech of a child, and are hurt to see stumps and gaps in the small mouth; if you have any care on the score of pronunciation; if you are assured that tartar often causes retraction of the gums and loosening of the teeth; if you have ever seen abscess followed by scars on the face, or roots projecting through the gum; if indigestion and its far-reaching effects on growth and strength seem undesirable to you—and, finally, if you wish

small dentist's bills for regulating and filling the second set:

Then you will follow these directions—which are essential in every detail:

1. In the early months (about fifth to twelfth) clean twice daily with soft rag and lime-water.

2. Later (about twelfth month) brush with small soft brush after each feeding.

3. Later (about fourth year) teach child to use quill-pick after each meal, and then to brush carefully the most hidden crevices with lime water, or use waxed silk instead of the tooth pick.

4. Polish off all stains with soft pine stick and tooth powder.

5. Take the child to your dentist every three months, beginning at the second year, and have cavities searched for and filled. By having cavities filled early, child suffers none during operation.

Every tooth after the twentieth tooth belongs to the permanent set. These are all in position by the third year. The first permanent teeth are back of these, appearing usually between five and six.

Establish habits early and firmly, and the child will keep them.

Forbid rich candy, fresh or rich cake, pastry and hot bread.

Let the child strengthen its teeth on sufficient crusts and on meat not too tender.

WHAT TO DO FOR TOOTHACHE.

1. Rinse the mouth and the cavity thoroughly with warm water in which is dissolved all the baking soda it will carry; failing,

2. Dry the cavity gently with surgical cotton (absorbent) made into a swab on the end of a knitting-needle or crochet-needle, and

3. Drop one drop of creasote or pure carbolic acid on a bit of absorbent-cotton and pack it gently into the cavity.

4. A small capsicum plaster (1-4 inch square) bought at the drug-store may be placed on the gum. If the tooth is sore to bite on, No. 4 is best.

5. Take the child to the dentist to find out what should be done to the teeth.—*Brooklyn Medical Journal.*

Headaches may be due to some optic defect, hypermetropia, astigematisen particularly; decayed teeth; central irritation of the nose; from wearing colored socks (poison from the dyes); from hat-bands (use of lead in them); from excessive coffee drinking; from wine; from having hands in water for any length of time. (Washerwoman's headache).

Extraction of Arms Extended Over Head in Breech Labor.

We dare not waste time with half-way measures during the few minutes which determine the life or death of the child after the birth of the lower part of the trunk. With a relatively large fœtus or a relatively small pelvis, the trunk partly delivered, the arms stretched upward, the elbows below the inlet, and the head extended, the key to the situation lies in fetching the elbows below the brim. Once drawn into the cavity of the pelvis, the elbow is readily brought out.

The text-books imply that traction on the body will always draw the elbow of an extended arm into the pelvic cavity within reach. This I deny. If the elbow is not below the brim, and a hand is slipped beneath the child into the vagina, and a finger hooked over the humerus, that bone is supported at one end by the shoulder joint, and at the other by the pelvic brim, and traction will break the bone before the arm can be liberated.

To overcome the difficulty, Winkel recommends shoving the body upward, seizure of the trunk with both hands, and rotation of the body, carry the elbow backward into that sacro-iliac space opposite to that which is occupied by the forehead. Failing in this, he advises a more extensive rotation. Then he slips a whole hand into the pelvis alongside of the child's body and seizes the arm. In his illustration, the hand goes past the brim to clutch the elbow, so as to sweep the first arm across the face of the child.

In a remarkable new book by Faraboeuf and Varnier on "Accouchements," the operator is directed to pass the whole hand below the child along the sacral concavity, so that the wrist goes into the vulva, and the fingers reach above the brim to seize the arm.

Barnes warns us of the danger of great rotation of the body, because if the head fails to turn also, and the chin points toward the acromion or further back, laceration of the ligaments of the atlo-axoid articulation and of the spinal cord is very likely to occur. He also warns us against undue compression of the thorax as dangerous to the child. He counsels the anterior reach—namely, that part of the hand be passed above the child and under the pubic arch.

The method that has succeeded in a con-

derable number of cases in my hands, after lure of other methods, has been the follow-g:

1. Twist the child's body so that the oulder lying nearest the sacrum is carried wards the sacrum.

2. Draw the legs and trunk sharply toward e opposite side and somewhat forward until e scapula is felt. This drags the elbow wn near the brim.

3. Slip in two fingers (or the flat hand) ll forward under the pubic arch and reach ng the child's humerus to the elbow.

4. Push the arm across the face, and then eep it down to the chest and across it, and t of the vulva.

5. Rotate the body to bring the remaining oulder back toward the sacrum, and the erated arm under the symphysis.

6. Slip the fingers of the other hand under e pubic arch and along the child's arm, and empt to sweep the elbow past the face.

6a. *At the same time the other hand on the rapubic region must push the occiput in the osite direction*, so that the head turns on the k, and elbow and face go over together.

This last maneuver is the one to which I h to draw attention, as all the other ps are well-recognized methods. The arm ms" between the projecting face and the jecting promontory unless the external istance is employed. The greater the force d to push the elbow across the face, the ater is the resistance unless such external istance is called into play. — *Dr. R. L. kenson.*

Strychnine Nitrate as a Specific in Dipsomania.

Dr. Portugalor, of Samaria, reports that he actually cured 455 cases of dipsomania, h hypodermic injections of strychnine rate. He gives expression to his unbounded confidence in this remedy by saying t he knows of reliable and specific remes for two affections only: Strychnine for various forms of alcoholism, and quinine malarial fever.

He prescribes:

Strychnine nitrate 0.06 gramme (1 grain.)
Distilled water, 15 grammes (½ fl. oz.)
For subcutaneous injection: daily 1-2 inions—using for each, at first, 0.5 gramme minims); later, 0.25 gramme (40 minims.)
Usually 10-16 injections suffice for a come cure. Some sodium bromide may be ministered at the same time.

Dr. W. N. Jergolski also has published his experience with the strychnine treatment of dipsomania. His cases—ten in number—include men of most widely different vocations —ministers, merchants, gardeners, farmers, etc.

The results of the treatment were truly surprising. Topers who had been addicted to drink for many years—some even for decades—became endowed, as a result of the strychnine treatment, with an invincible repugnance for alcohol, and could no longer bear spirituous liquors. One of the author's patients, prior to the treatment, scarcely passed a single day without drinking ½–1 liter and more, of brandy. On the day following the first injection of 0.0015 gramme (1–40 grain) strychnine nitrate, he was astounded to find that he had no desire for alcohol, and experienced neither mental uneasiness nor any feeling of pressure in the epigastrium. The injections were continued and the patient was cured.

The Treatment of Prurigo and Pruritus.

Barjon, in a thesis upon the treatment of prurigo and pruritus, limits the first term to the affection characterized by the presence of papules, while pruritis designates cutaneous hyperæsthesia without appreciable lesion. Treatment must first be directed to the cause of the trouble. Yet, even if this is discovered and remedied, itching may still continue. This is sometimes noticed in parasitic diseases, the symptoms persisting for several months after the entire cure of the original lesion. Diabetes, deficient renal action, ptomaine absorption from the alimentary tract, and affections of the nervous system, all must be considered in searching for the cause of itching.

Morphine, bromide of potassium, and chloral should be interdicted, since all of these drugs give but temporary relief, and are liable to increase the itching.

In so far as external applications are concerned, baths, particularly those of sulphur, often aggravate the condition. Warm vapor-baths or shower-baths, the temperature of the water being slightly moderated, are better. A general starch-bath, in which the patient is plunged for fifteen minutes, is sometimes serviceable; a quart of vinegar can be added to this bath. Lotions of hot water may be employed, to which may be added any of the following medications: Carbolic acid, 1½ to 3

drachms to the quart; chloral, 1½ to 8 drachms to the quart; bichloride of mercury, 15 to 30 grains to the quart; vinegar, 2 ounces to the quart; camphorated alcohol, 1 to 2 quarts of water; hydrocyanic acid solution, 1 to 2 drachms to the quart; infusion of cocoa or infusion of tobacco leaves, ½ to 1½ drachms to the quart. Rain-water should be used for these lotions.

After the application of these solutions, either a vegetable or mineral dusting-powder should be used upon the affected parts, or a pomade should be applied.

Dusting-powders are made up of a mixture of starch with bismuth, or oxide of zinc or salicylic acid. The two former ingredients form five to twenty-five per cent of the powder. The salicylic acid forms from one to three per cent.

Excellent pomades are made by taking as a basis equal parts of vaseline and oxide of zinc. To this paste may be added one of the following ingredients in the proportions named: Menthol, 1 to 100; carbolic acid, 5 to 100; salicylic acid, 5 to 100; salol, 5 to 100; naphthol, 15 to 100.

A useful prescription is the following: Tartaric acid, 2 parts; carbolic acid, 1 part; essence of peppermint, 1 part; lard, 60 parts.

The affected surface is smeared lightly with one of these ointments, and is then powdered. The strength of the various applications can be progressively increased. The dressing should be renewed each time the pruritus again becomes distressing.

Plasters are often useful. Of these, the best are made of cod liver oil, to which is added carbolic acid or naphthol. Plasters of resorcin, of ichthyol, and oxide of zinc are also to be commended. If the pruritus is purely local, as about the anus, scrotum or vulva, ignipuncture and linear scarifications will sometimes accomplish a cure.

Of all external treatment, without doubt the most successful is that of shutting off the affected area from the air. According to Tenneson, this will cure nine out of ten cases. The whole surface attacked with pruritus or prurigo is covered in with a dressing of caoutchouc or other impermeable substance. Under the influence of this investment cutaneous reflexes are shortly abolished. The dressing is continued as long as the itching recurs on its removal.

Unna's glue, supplemented by some of the g-powders, forms an excellent impermeable coating. This glue is made up gelatin, glycerin, and oxide of zinc.—*The Gaz.*

Irrigation of the Large Intestine. With Water as a Means of Relieving Pelvic and Abdominal Pains.

The writer has employed irrigation of large intestine as a means of relief, in treatment of several cases of renal co ovarian neuralgia, abscesses of the br ligament, pelvo-peritonitis, dysmenorrh and gall-stone colic. This means gave g relief, even in those cases where morph had been injected in vain. In some cases irrigation had a real antiphlogistic acti The patient is put in Sims' position. Th she comes to lie upon the left side, the l arm is placed behind her back, the legs p tially flexed, the pelvis elevated by means a cushion and the head low. In this positi the patient can give the injection. The te perature of the water should not exceed 10 and the amount not, at first, be over one two pints. It should be injected very slowl and held for five minutes. When the wat is expelled it will contain a certain quantity of fæcal matter. Then repeat the injectio and inject as much as possible and retain a long as possible. Relief is generally give by this second injection. After this is ex pelled, inject a third time a pint of liquid This third injection is especially useful i renal colic as the water is eliminated by th kidneys. To this latter injection may b added a salt of lithium, any mineral wate etc. Whatever may be the theory of th manner of the action of these injections, the is no doubt as to their efficacy.—*Dr. Forest*

A Neglected Method.

At a recent meeting of the New Yo Surgical Society, Dr. Charles McBurney re a paper entitled, "A neglected method modifying general anæsthesia." The met od consists in placing a broad, elastic tourn quet around each of the thighs as well around the upper limbs before the etherizati is commenced, thus shutting off from th general circulation a considerable portion the blood. He has employed this meth about ten times at the Roosevelt hospital wi very good results. The patient is usual brought under the influence of the ether in very short time—in most of the cases with three or four minutes. The trembling of t

ɔs, so annoying to the operator, especially ɔperations about the perineum, is entirely ɛnt. The patients usually recover from effects of the anæsthetic within two or ɛ minutes after the tourniquets are loos- ɪl, and in no case has vomiting occurred. ıe precautions are necessary. In case a odermic is given before the ligatures have ı removed, the quantity of the drug must considerably smaller than the usual dose. ligatures are first applied loosely, so as to rd only the venous blood; then, when the ɔs are surcharged the bandages are tight- ɪl, so as to completely stop the arterial ulation as well.

Obstetrical Bundle.

his bundle I have found very useful. I ɛ such a bundle prepared for every obstet- case, and its cost, seventy-five cents, is ɛ than made up by the saving of time and ɛquent visits. It contains the follow-

One square yard of rubber cloth to be ed under the patient's hips and thighs— ɔer side up, of course.

One square yard of canton flannel to be ed on top of the rubber, between it the patient's body. In this way I make of having the bed protected and kept n, and an aseptic environment, and the ɔer can be quickly arranged to carry off fluids into a suitable receptacle in case of ative procedures.

A number of pieces of cheese cloth to as small towels, and also, when damp- with bichloride solution, as pads for the a.

A new and clean nail brush for each These brushes cost three cents, and e one can use a new one each time.

Safety pins.

A narrow bobbin, consisting of three ıds, for ligating the umbilical cord.

An obstetrical eye bandage. This con- of a strip of cheese cloth, the two edges hich are rolled in and then doubled over ond time. While waiting for the pulsa- of the cord to cease I wipe out the 's eyes, and wrap this bandage around ıead and eyes, and pin it. When this is lone the child often rubs its dirty fingers the eyes before the attendants have had to wash the child. Since I have adopted plan I have never had any cases of oph- nia neonatorum.

8. A small wooden vial containing tablets of mercury. I prefer these small ones to the larger size, as they are just sufficient for each dressing without splitting the tablet.—*Post-Graduate.*

Tubercular Peritonitis.

First.—Tubercular peritonitis is an operable disease.

Second.—An early operation is of greatest value.

Third.—The chronic variety offers the best indications for surgical interference.

Fourth.—When the primary deposit is in the tubes (which Winckel declares to be in fifty per cent of the cases), an early salpingotomy will cure the disease.

Fifth.—Operations later in the disease will frequently prolong life and possibly cure.—*Dr. T. J. Clifford.*

Local Anæsthesia by the Combined Use of Ether and Cocaine.

The intracutaneous injections of cocaine, which are painful and, therefore, infrequently used, may be improved upon by following Schleith's method of first spraying the part for half a minute with ether. Following this, a greater area can be rendered insensitive by the cocaine. Incisions 12 cms. in length may be made, solutions of from 1 to 3 per cent of cocaine only being employed. If the parts to be operated upon are deeply situated, the tissues to be separated must be alternately treated with ether and cocaine, as the return to sensibility becomes apparent. In this way Schleith performed minor resections and other operations upon bone quite painlessly.

Many cases of cephalalgia result from strain of the ocular muscles, and may only be cured by relieving the tension of the muscles by using glasses.

For cure of insomnia.—Repeat twelve times the following:

Like the passionate palm that breathes all the odors of day
To the soul of the night;
Like a river that runs and frets on its turbulent way
To the quiet deep;
Like the swallow, weary of cold, that southward gleams
To her land of delight,
So the heart overfull of its sorrow flows over in dreams
Of compassionate sleep.

—*Lippincott's.*

WORLD'S CONGRESS NOTES.

The Congress will convene Monday, May 29, 1893, and continue its sessions through the week, the last session being held June 3.

The decision of the American Institute to hold its next session in connection with the World's Congress of Homœopathy at Chicago, in 1893, will insure the largest and most representative meeting of our school ever held.

The Great Northern Hotel, new and elegantly furnished, absolutely fire-proof, has been engaged for the headquarters of the Congress. It is about three blocks from the Art building, where the sessions of the Congress will be held. Rooms will be furnished at regular rates. Application should be made at once to Dr. J. H. Buffum, Venetian building, Chicago.

The magnificent Art building, to cost $1,000,000, in which the meetings of the Congress are to be held is now being rapidly built, and will be completed May 1, 1893. It will contain two audience rooms seating 3,500 each, and a dozen or more halls seating from 300 to 700 each. Ample facilities will be afforded for introductory exercises, general sessions and committee meetings under the same roof.

The new four-mile intake will be ready for use in a few weeks, and Chicago will then have one of the best systems for securing pure water in the world.

One of the most interesting studies for physicians at the Exposition, will be the sewerage system. Six thousand sanitary closets will be built in marble compartments. From these the sewerage will be conveyed to large tanks at the south-east corner of the grounds, there purified by chemicals; its solids pressed into cakes and burned in furnaces. Arrangements are made for a permanent city of 300,000 inhabitants. This method will therefore receive a thorough test.

It is hoped that the attractions of the Exposition, with those of the Congress, will secure a large representation of physicians of our school from foreign countries. The committee will make earnest endeavors to secure such delegates.

The International Hahnemannian Association has been invited to take part in the Congress.

I read an article some time ago on the remedies for night sweats in which the writer omits one which I consider as, *par excellence*, the best of any I have ever tried, which is a "salt shirt," prepared by immersing the shirt in a saturated solution of common salt, drying it thoroughly and having it worn next to the skin on retiring for the night. I have succeeded with this remedy, after the failure of all others.—*Dr. R. E. Nelson.*

CORRESPONDENCE.

CHICAGO, July, 1892.

To the Editor of the MEDICAL ERA:—In reply to Dr. Sherry's communication in the July number, allow me to say that in the paper I read, I was confining my attention to *uterine* supports, strictly, and even then only attempting to state *general principles*. It is undoubtedly true that for cystocele or rectocele, as well as other complications, other forms of pessaries might be called for, which would be excluded by the general rules I mentioned. Even in uterine displacements, pure and simple, it would probably be impossible to formulate rules which should have no exceptional cases to be considered.

As to celluloid as a material for pessaries, I confess I have not seen it presented in a practical form, though I experimented with it to some extent a few years ago, but have not seen it offered by our instrument dealers of late. I am glad to know if it is now available and hope it may prove a valuable addition to our resources.

I sincerely thank my good friend for his kind words. They will be a stimulus to me to try to deserve them.

A. G. BEEBE.

582 W. ADAMS STREET.

An old medical work, published in 1747, contained the following:

"The common practice of our modern doctors: A person is sick and sends for a doctor; the doctor comes and feels the pulse, inquires the complaints, then tells them they are threatened with a fever, and he will try to throw it off; then gives a puke, takes his hat and goes away. Next morning he returns, and tells them the fever is settled—it will run ten or twelve days; then deals out medicine; first calomel and rhubarb to be given; then takes camphor, magnesia, saltpetre, what the point of a penknife will hold of each put together. This to be given every hour for five hours. Then they give rhubarb and calomel. If the patient should be full of pain or have pain at any time, they generally give opium in a fine powder, or paregoric drops, which is opium and rum. Thus they continue in that way till the patient lives or dies."

Tramps, either amateur or professional, who suffer from sore feet after an unusually long walk will experience great relief from soaking the feet once or twice a week in a half-pailful of hot water to which a piece of nitrate of potassium the size of a small walnut has been added.

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CH. GATCHELL, M.D., *Ann Arbor, Mich.*

TATE OF ILLINOIS.—STATE BOARD OF HEALTH.

OFFICE OF THE SECRETARY.

Springfield, June, 1892.

Dear Sir:—Small-pox in New York City, ittsburg, Pa., at several places in Ohio and Vest Virginia, in Iowa and Michigan, as well recent cases in Chicago, clearly indicate at this loathsome disease again threatens linois after ten years of almost complete eedom from its ravages.

The last small-pox epidemic resulted in nic and quarantine; interrupted travel, affic and business; closed schools, churches d courts; caused 8,856 cases and 2,978 aths, and involved a money loss of nearly ',500,000—without counting the value of man life destroyed or the permanent disa- lity of many of the survivors.

It is a demonstrated fact that the epidemic ntinued to increase in extent and virulence til a system of wholesale *Vaccination and e-vaccination* was put into effect by the State ard of Health. It is an equally well- monstrated fact that within twenty days ter this wholesale vaccination was well der way there was a sudden and marked cline in the epidemic, which decline con- ued until the disease died out for want of vaccinated individuals on which to prey.

Illinois cannot afford another small-pox idemic—still less can Chicago, with the orld's Fair on its hands.

There is only one sure method of preven- tion.

Vaccination properly performed and duly repeated with reliable vaccine, under aseptic conditions, is incontestably proven to be a safe and positive protection against small-pox.

The Illinois State Board of Health desires to secure this protection for the common- wealth now—while there is yet time, before the small-pox contagion shall have been still further introduced from neighboring commu- nities, or through hordes of unvaccinated immigrants, or by the multitudes attracted by the Columbian Exposition.

To this end the Board enjoins upon munic- ipal authorities and upon local Boards of Health the urgent necessity of steps to secure the vaccination or re-vaccination of all over whom they have authority.

Ordinances should be passed enforcing this measure upon all school children, public, private and parochial, as well as upon teachers, janitors and others; upon all public employés and officials and, generally, upon all citizens who may be reached in this manner. Employers of labor, skilled or unskilled, should exact this protection as a condition of further employment. Superintendents of public institutions should cause every inmate, employé and official to be at once vaccinated or re-vaccinated.

The Board will use its resources to secure the end in view. It will furnish carefully selected, reliable vaccine at actual wholesale cost, accompanying each package with plain, practical instructions for the operation. To communities unable to purchase vaccine, if any such there be, it will be furnished gra- tuitously on proper representation of the facts and an agreement to report results on the blanks furnished by the Board.

Finally, the Board appeals to the public press, as the most effective agency in inform- ing the public as to the necessity and the suf- ficiency of vaccinal protection against small- pox.

W. A. HASKELL, M. D., *President.*

F. W. REILLY, M. D., *Secretary.*

Homœopathists are too ready to prescribe for single prominent symptoms, selecting sometimes a different drug for each symptom, while, in reality, the patient's symptoms should be taken as a unit and a single drug selected to cover the whole.—*Dr. T. F. Allen.*

THEY SAY

THAT a baritone is only a bass imitation.

THAT a buzz-saw has an unapproachable manner.

THAT the greatest wag in the world is a dog's tail.

THAT a shark goes for a man as if it had a great snap.

THAT in the end the minority always beats the majority.

THAT peace at any price means peace at your enemy's price.

THAT a man's deeds live after him, and so do his mortgages.

THAT the only woman a man can safely dictate to is his typewriter.

THAT there is much grace needed for managing a balky stove.

THAT too many people in the world use their nest eggs to make cake of.

THAT few people ever tire talking about their complaints and their doctor.

THAT we do not do things for reasons but we find reasons for what we do.

THAT the sweetness of the uses of adversity are best studied at a distance.

THAT Nicodemus was the first person to try an exclusively vegetable diet.

THAT an anarchist is a man who cannot stand the prosperity of other people.

THAT it would take more than nine tailors to make a man of the average dude.

THAT in diving to the bottom for pleasures we bring up more gravel than pearls.

THAT many a man would run away if he didn't have to take himself along.

THAT you should always hit the nail on the head if it isn't your finger-nail.

THAT before a man goes to the devil he assists in sending plenty of others there.

THAT there is good in everything, and even mosquitoes have their strong points.

THAT the man who never gives up misses the answers to many good connundrums.

THAT you can flatter any man by telling him he is a man who is not easily flattered.

THAT conscience is that part of a man that hurts him when his neighbor does wrong.

THAT many people who are carried away with enthusiasm are brought back with disgust.

THAT when you want to cultivate a man you should not begin by harrowing his feelings.

THAT because a man is full of scruples it is not necessary that he should fill up with drams.

THAT it is not so much what a man has that makes him happy as it is what he doesn't want.

THAT a man has a right to his opinions as long as he doesn't let any one know what they are.

THAT you can't argue with an idiot without agreeing with him in thinking that you are a fool.

THAT enemies have their uses—they don't do much for us but they keep us hustling for ourselves.

THAT there are still too many people in the world who enjoy seeing a tin can tied to the tail of their neighbor's dog.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. X. CHICAGO, SEPTEMBER, 1892. No. 9.

CH. GATCHELL, M.D., EDITOR.

THE HERING COLLEGE.

We have before this commented upon the new college which then consisted of "such stuff as dreams are made on," but which we had no doubt would soon materialize. Our expectation seems near being realized, for the prospectus is at hand of an institution which will, for a longer or shorter time, be known by some such name as the Hering Homœopathic Medical College of Chicago. Neither the readers of the ERA, nor the friends of this institution, will be surprised to learn that we cannot felicitate the public on the opening of this new college.

This college comes, its promoters say, to supply the need there is for an institution in which pure homœopathy shall be taught. Nonsense ! Pure homœopathy is ably taught in homœopathic medical colleges all over the land. No one believes more than we in pure homœopathy, but pure homœopathy is consistent with palliative measures and with all useful practice. Pure homœopathy is one branch of medical science and practice, and as such is taught in the numerous homœopathic colleges to which we have alluded.

Likely the founders of the new college would give a definition which we could not endorse of what *pure homœopathy* is. Perhaps they would insist that high potencies are an essential part of it.; that there is no good medicine not homœopathic ; and that a lot of trash, bearing no relation to drug pathogenesy, be accepted as record of materia medica pura. The kind of materia medica pura we shall expect them to teach always reminds us of a remark which we have heard attributed to Josh Billings, viz : "I'd rather not know so much, than to know so many things that ain't so."

We have been greatly amused by the account in "Peregrine Pickle" of the commodore's wife—how for long months she made no end of ado in preparing for her confinement. When, at last, she came to her lying-in, it was found that her's was a false pregnancy. The best thing for the public, for the profession and for the coming medical student, would be to find this a false alarm, and to have no college really established. We expect, however, that the college will be established, and we shall simply hope for the least possible harm from it to the community, the profession and the coming student.

ONE HUNDRED DOLLARS FOR HIM WHO WILL BEST SHOW UP THE RIDICULOUSNESS OF HOMŒOPATHY.

It seems possible that a tremendous boom for homœopathy is right at hand. If Dr. Gould's offer attracts the attention that he hopes and we hope it will, it cannot possibly fail to widen the field in which homœopathy is understood and appreciated.

The circumstances to which we allude were made known to readers of the ERA in our last number, and are attracting considerable comment both in old school and in homœo-

pathic journals. On May 3, 1892, Dr. George M. Gould, of Philadelphia, upon invitation of the faculty of the Medical Department of the Buffalo University, delivered before the graduating class of that department an address upon *The Etiology, Diagnosis, and Treatment of the Prevalent Epidemic of Quackery.** Columns of the *Medical News* are occupied with the part of the address which is devoted to "that consummate example of civilized quackery called homœopathy." It is probable that most members of this graduating class in the medical department of Buffalo University have accepted as truth, dogmatic statements to the effect that homœopathy is bosh; most such will probably never again open their minds to any question on the subject. They are practically pledged, and must "maintain the dignity of the profession" and all that kind of thing, by abusing homœopathy and homœopathists.

We may, however, hope that some few of Dr. Gould's hearers knowing more about homœopathy than he does, and less prejudiced than he seems to be, will be led to seriously inquire, Just what is homœopathy anyway, that all this violent tirade is about? We may further hope that such serious inquiry will bring to some medical nihilists in this graduating class at the Buffalo University a light which will convert them into enthusiastic healers of the sick. But the conversion of one or two or half a dozen young physicians to homœopathy does not constitute a boom.

Wherein, then, lies the possibility of a boom for homœopathy? Dr. Gould offers a prize of $100 for the essay which shall best "show up the ridiculous pretensions of modern homœopathic practice." The plan is that the essay winning the prize shall be "cheaply but well printed in large quantities, and supplied physicians at the cost of printing." "Such a monograph supplied as a missionary tract for gratuitous distribution by physicians, at the cost of printing, would set thousands of people straight, and would soon stop the legislative and financial governmental support of this trumpery." Many a man has wished that his adversary would write a book, and nothing could better please homœopathists than to see a host of their adversaries publishing broadcast their attitude toward homœopathy. No man yet has written against homœopathy without betraying his ignorance of the subject, and we do not expect the prize-winner on this occasion to be an exception to the rule.

We only fear that something will prevent the carrying out of this prize, missionary, tract enterprise. Perhaps the *American Lancet* sees that the inevitable result of widely distributing this essay would be to boom homœopathy. We quote from an editorial upon this subject in the July number of that journal: "Of papers having a similar object written in past years, it is not clear which side of the question they benefited."

We fancy that the majority of those competing for this prize will be recent graduates. Experience has led us to think that, with exceedingly few exceptions, the young man just graduated from an old school medical college is in Egyptian darkness on the subject of homœopathy. We think Dr. Gould's course would have been more in harmony with the spirit of the age—with the truly scientific spirit, had he offered a prize for the best essay on the subject: *Is Homœopathy true?* But no. The object of these essayists is not to be an inquiry whether "modern homœopathic practice" is a good thing; their object will be to show that it is "ridiculous." Should one of these essayists investigating the matter find out that "modern homœopathic practice" is a good thing, and that homœopathy is true, it does not appear that he could be awarded the prize for an essay in which he set forth his views. The prize is offered, not to him who will most ably discuss the question whether homœopathy is true, but to him who will best "show up the ridiculous pretensions of modern homœopathic practice."

*See *Medical News* for May 7, 1892.

RTHER PROGRESS IN BELGIUM.

ur readers will remember certain facts ented in the ERA for December, 1891, ırding the progress of homœopathy in ;ium. These facts were, in brief, that the ;ian government was earnestly considering question of establishing chairs of homœ- :hy in its state universities and veterinary ege; and that the town council of Ant- p had actually established in that city a ıœopathic dispensary. Details given in December ERA show how able our Belgiar nds are in defending the truth and assert- their rights; and that the enemies of ıœopathy, in Belgium as elsewhere, are ›otent in their attempt to have homœopathy ›red or crushed.

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n editorial comment at the time named we gratulated our Belgian brethren, and as- :d them that we should watch with pro- nd interest what progress they should make heir undertaking. For our latest bulletin n the battle-field we are indebted to the *nthly Homœopathic Review* for July. We te:

> It will be within the recollection of our readers last autumn the Town Council of Antwerp estab- :d a Communal Homœopathic Dispensary. The ıcal Society of Antwerp thereupon resolved that ıedical man of the city should apply for a position he staff of the general dispensary until the homœ- hs, appointed by the Town Council, had withdrawn. nt the same time that Drs. Lembreghts, *fils*, and nidt were elected, two vacancies occurred among ›ld school physicians. Two candidates applied to llowed to fill them, and their applications were duly irmed. Upon this, we learn from the *Revue Belge* larch (received June 22nd), that the Medical Society in a rage—*une fureur indescriptible*—and publicly ured these gentlemen for joining the dispensary. y, on their part, considering that their honor and tation were likely to be compromised by such ure, brought an action for defamation of character nst the president and secretary of the society, ning 5,000 francs damages.
> The court of Antwerp gave a verdict for the plain- , assessing the damages at 300 francs, and ordering publication of their judgment in any journal en by them.

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n America the enemies of homœopathy e received a great many lessons to the :t that the public does not want to exclude ıœopathy and homœopathists from its ersities, hospitals and dispensaries—that, on the contrary, the public believes in homœopathy, and will have no system of state medicine that excludes homœopathy. It would be well for the enemies of homœopathy in Belgium, if, profiting by the experience of their brethren in this country, they would gracefully submit to the inevitable, and devote themselves to some more profitable work than that of attempting to crush homœopathy. But, of course, we know better than to expect them to do any such thing. Neither in Belgium or elsewhere has gracefulness ever characterized the action of the old school on the subject of homœopathy.

We shall continue to watch with interest the progress of homœopathy in Belgium. Our friends there may count upon the hearty support of homœopathists the world over.

A CORRECTION.

We are indebted to Dr. P. T. Kilgour, of College Hill, Ohio, for having called our attention to a typographical error four lines from the bottom of first column of p. 251 in our August number. That line should read, (*8 minims*); *later*, *0.25 gramme* (*4 minims*)—not (*40 minims*) as was printed. From the context the error is perfectly patent; but we gladly make this correction conspicuous, for the solution contains strychnine in such proportion that 40 minims would not be a safe dose.

Death from a Mosquito-bite.

On July 28, a man entered Bellevue Hospital, New York, suffering from gangrenous cellulitis of the cheek; meningitis set in, and on August 4, he died. He stated that his trouble was the result of a mosquito-bite. The physicians who had charge of him incline to the view that this patient had anthrax, and that he had been inoculated by the mosquito with the bacillus of that disease.

Two drachms of boracic acid to one pint of water, is one of the best among the many eye washes, and will, if used freely, be all the treatment necessary for most conjunctival inflammations.

ORIGINAL ARTICLES.

REPORT OF A CASE OF JACKSONIAN EPILEPSY OF THREE YEARS STANDING. TREPHINING, RECOVERY.

By C. T. HOOD, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

MRS. J., age 20 years, American by birth, German parentage; father living, age 45 years, in good health; mother living, age 43 years, in good health; brother, age 22 years, in good health. No hereditary nerve tendency. The patient was a healthy babe and child. She had no sickness of any note until the beginning of the present trouble. Menstruated at the age of fifteen, perfectly normal. She was a bright child and girl, rather above the average girl of her advantages.

Three years ago, at the age of seventeen, she began to have a jerking of the left arm and hand, which would come on without any warning, and last a few moments; then the arm and hand would drop helpless.

She would almost immediately go to sleep, and for two or three days would complain of constant general headache. These spells occurred at intervals of two or three months, sometimes keeping her in bed several days with severe headache. During the intervals she was perfectly well.

In July, 1891, she began to have epileptic spells. She would become unconscious, and remain so for fifteen minutes. She would froth at the mouth, bite her tongue, and have violent spasms of the muscles of the left arm and hand, and, to some extent, of the muscles of the left leg.

After these spells she would be sick in bed for two weeks with constant headache. These spells occurred more and more frequently, so that for two days and two nights she would have return of the spells every half hour, remaining unconscious for 48 hours. During the intervals of the spells she began to have trouble with her vision. She was not able to recognize familiar objects, although mentally she was perfectly clear.

She came under the care of Dr. Snyder, of 238 Dearborn avenue, who treated her, and finally sent her to Prof. N. B. Delamater. Prof. Delamater could find no apparent cause for the spells. The urine was normal; so were the eyes. But his close questioning of the parents as to an injury finally brought out the fact that while a child 7 years of age she had had a fall of about eight feet, which had made a slight cut on her head. From this she was not unconscious. The cut soon healed, causing her no discomfort. Prof. Delamater found no marked depression in the skull, but there was a scar on the scalp just posterior to, and a little below, the articulation of the anterior superior corner of the right parietal bone with the frontal bone. He gave it as his opinion that there was a fracture of the inner table of the skull, with a depressed bone into or upon the motor cells of the cortex of the center governing the arm, and advised trephining.

September 22, 1891, she was admitted to the Chicago Homœopathic Hospital. The following day the head was shaved, given an antiseptic bath, and protected with absorbent cotton. On the 24th of September, in the presence of the class of the Chicago Homœopathic Medical College, Prof. Knoll, assisted by Prof. Willard and the house physicians, operated.

A button of bone about one and one-fourth inches in diameter was removed, when it was found that there was a depressed piece of bone of the inner table of the skull, pointing directly downward into the brain cortex. This piece of bone Prof. Knoll removed. It was five-eighths of an inch long, three-eighths of an inch wide, and tapering to a point. One edge was smooth, and the other edge ragged. The wound was carefully dressed, and a starched skull cap put on. She reacted nicely from the anæsthetic, and the next day was out of bed—in spite of all that could be done, would not stay in bed. She was up walking around, eating and sleeping, with no signs of spasms or pain.

For ten days after the operation everything went well. The wound was healing nicely, and there were no signs of spasms. However, at the expiration of this time she began to have general and severe headache. This headache continued for several days, growing more and more severe until she began to have a spasmodic jerking of the hand and leg which had been affected, and, in a day or two, jerking of both arms and both legs and of the muscles of the trunk and head. This jerking would last for a few moments and then disappear; then in half an hour it would return. During the interval she had intense general headache, but was not unconscious. The

perature rose to 101 degrees, the pulse to

These spells lasted for four days and nights, when she began to lose consciousness during the spells, and in a few hours became unconscious and remained so for forty-eight hours.

During these forty-eight hours, she was ing spells regularly every ten minutes, ept while under the influence of chloro-, which was administered constantly, but ch only partly controlled the muscular ms. As soon as she would come out from er the influence of the chloroform, the ms would return as violent as ever. She involuntary escape of urine and fæces. se spasms were general and so violent as ithstand every effort to keep her still. llowing was impossible. The breathing ame stertorous; the temperature rose to degrees; the pulse was 140 and very weak. had taken no nourishment for days. The ils would not react to light.

hloroform had failed. Something had to lone. I ordered, and it was given her at .M., 15 drops of the deodorized tincture pium in a small quantity of warm water rectum. In half an hour this was repeated. At noon it was again repeated. At M. again repeated. At 9 P.M. again repeated, making in all 75 drops of the drug. spasms gradually grew less severe, and 10 P. M. she was sleeping. She slept ly all night. She, however, had one it spell towards morning, but her father was with her did not call a house phy-n. She had no return of the spasm and fell asleep.

or the next forty-eight hours she was in nconscious stupor; she would not answer tions, but when aroused would open her and follow you in your movements about room. She was forcibly fed brandy and every hour. In four days consciousness rned, and from that time on she made l progress. We kept her in bed this time wenty-one days. A week after she was ved to be out of bed she went home.

he hole in the skull has almost filled up a hard fibrous material. She is now , has had no return of the spells, and is months pregnant with her first child.

he case is one of interest from several ts of view:

t. The length of time intervening between the accident and fracture, and the rrence of the first spasm. It took ten years for that piece of bone to grow sufficiently to cause the trouble.

2nd. The return of the spasms preceded by the headache. I think the return of the spasms with the temperature and unconsciousness was due to brain irritation, with perhaps some slight meningeal inflammation. She was in and out among the other patients, seeing and hearing what was going on when she should have been in bed.

3rd. The action of the opium. In the past, opium has been very serviceable to me in a number of cases of brain irritation and inflammation when other things had failed; and I know that lives have been saved, as this one was, by its use. It is not a dynamic action which is wanted; it is a purely mechanical action, and it must be sufficient to absolutely quiet the excited nerve centers and give nature time to recuperate.

I wish to be understood. I am not in favor of using opium indiscriminately in spasms; but where other things have failed, and so far as possible all causes have been removed, and especially where the spasms are accompanied by an increase of temperature, opium is worth trying.

PACKING VS. CURETTING IN THE CURE OF ENDOMETRITIS.

By C. B. KINYON, M.D.
ROCK ISLAND, ILL.

[Read before the American Institute of Homœopathy, Washington, D. C., June, 1892.]

FIVE years ago I read a paper before this Institute on the subject of intra-uterine medication, wherein mention was made of having used the method of packing the uterine cavity as first advocated by the French physician, M. Vulliet, in 1884. I also gave a brief history of the operation up to that time, 1887. (See transactions for that year.)

The original design of the operation was for the purpose of making a more complete and thorough examination and diagnosis of the diseases of the endometrium.

As the technique of the operation has been improved, it has been found not only that more accurate differential diagnosis can be made, but that the packing has, in and of itself, produced such curative results that the indiscriminate use of the curette has been abandoned by many of those who were, at one time, its strongest advocates. In many cases of disease of the cavity, there is no diseased tissue to be taken away.

Clinical experience and observation has, by

degrees, led its advocates to study the method of applying the packing, and has enlarged the scope of the operation; so that now it is used not only for purposes of diagnosis, but as a curative measure as well, in very many cases.

With those who favor the use of the curette as the only real cure, the predominating tendency is to use the sharp curette, and use it vigorously. In fact, I find that numerous authors, perhaps the majority, advise its repeated use at the same operation until sure that every shred of mucous membrane is taken away. If these writers and teachers are told that such work is dangerous, as they may cut too deeply, and, by using too much force, may even perforate the uterine walls, they tell us that such accidents have happened with no untoward results following. Such teaching I cannot condemn too strongly, not only as being dangerous to life, but also because of the fact that structural changes must necessarily follow such an operation and will ultimately entail conditions far worse than the original disease.

To illustrate: At present nearly all are agreed that strong caustics should not be used, as the resulting cicatricial tissue is positively injurious, producing other and often worse conditions. If such results follow the use of caustics, are they not equally liable to follow where the tissue is cut away or its integrity destroyed with the curette? And furthermore, such harsh scraping is censurable because it is not necessary; milder measures cure much more quickly, with no possible risk. I still adhere to the motto I quoted in my article of 1887—"Do no harm."

The ideas embodied in this article are not the result of theorizing, but of actual experience. I do not claim originality in this method, but merely hope to emphasize some points that may be of value to you. Lest I be misunderstood, it may be well to state here that I do not by any manner of means propose to do away with the curette altogether.

Rather than enter into details regarding the structure of the parts involved in this class of diseases, it will answer as well to state that I shall have in mind the fact that diseases of the endometrium may spread to the surrounding structures by way either of the Fallopian tubes, or the lymphatics, or both. This is not admitted by all authorities, but the weight of authority and the anatomical structure lead us to believe that diseases may spread by either pathway.

Of late, a few gynecologists, notably Dr. Pryor, of New York, have strongly advocated operative measures in acute cases of endometritis; and the results obtained by Dr. Pryor certainly cause me to look with a good deal of favor upon his methods. But as yet I have not ventured to operate, either by packing or curetting, in acute cases, except where there are fragments of placenta or some foreign body retained.

I might say in passing that it is now my invariable practice in all cases where an abortion is inevitable or has been decided upon, to dilate the cervix and clean out the cavity, using the curette, if necessary, for that purpose.

It is still an open question which should be treated first, in cases where the endometrium and the uterine walls or other pelvic organs and tissues are involved. Perhaps it is true that no rule can ever be laid down as applicable to all cases; in a very large majority, however, the mucosa should be first treated and cured. If the uterine appendages and surrounding tissues are cured, while the lining is still diseased, the old trouble will almost certainly return. On the other hand, cure the endometrium, keep it aseptic, or treat it antiseptically, according to indications, and then you can turn your attention to the surrounding trouble with a reasonable assurance of permanent results.

A word as to why the professional tendency is to cut or scrape out the endometrium. Really it is unaccountable why such practice is so universal, except upon the ground that the so-called conservatism predominates, which is only another way of saying that the rank and file of the profession do as their fathers did, or blindly follow their leader. Or possibly a further reason may be found in the history of medicine itself, which does not prove that the tendency of the medical profession has been toward the adoption of such methods as will produce some tangible result at once. The history of gynecology proves the same fact. Surely no one will have the hardihood to claim that, at the present time, the use of the curette is confined to those cases where the endometrium is so far diseased as to be structurally changed, or diseased to such a degree that its integrity is destroyed; when such is the case we have either cystic degeneration or malignant disease in some form, and these constitute but a very small per cent of the cases of endometritis.

The diagnosis of endometritis, in a general way, is an easy matter, but the variety and stage of development is not so easily told. In fact, it is absolutely impossible to give a positive and accurate diagnosis unless the eye or finger can be used to advantage. This can only be done over the entire cavity by a thorough dilatation of the cervix; hence this is the first and all important step, both for the purposes of diagnosis and for the prevention of pain from the presence of the packing. With this step of the operation properly done, you need have no fear of severe pain.

Within the last year a case fell into my hands illustrating an error in diagnosis which proved very serious, because the dilatation was not properly done; and this accident, or rather error, occurred in the practice of a renowned gynecologist. He curetted the uterus for endometritis, and declared that the entire cavity was perfectly clean. But, to the consternation of the patient and the attendants, on the second day thereafter, the woman was delivered of a three or four months' well developed fœtus.

Of course, the celebrated doctor was equal to the emergency, and declared that it came from the abdominal cavity and was a very common occurrence. This report is not based upon mere hearsay, but upon positive knowledge, as the patient came under my care soon after, and the husband and nurse, as well as the patient, were all acquainted with the facts; and they are unusually intelligent people.

By thorough dilatation, another and very important indication will be fulfilled, viz.: Thorough drainage.

Unless the above indications are fully met, you will not only fail to cure, but will almost certainly cause pain, and the method be held responsible.

I need say but little regarding the operation of dilating, except that it should be done as rapidly as it can be with safety. It may take half an hour, or even longer, but under no consideration use such force as to tear the cervix. While much depends upon the dilator, no one pattern is absolutely essential; simply use the one least likely to tear. With the external and internal os fully dilated, the finger can rapidly explore the cavity. If any portion of the endometrium is much influrated or covered with villosities, it is scraped, or, perhaps it is better to say, curetted. For the most of my cases I use a curette made at my request by one of our ingenious jewelers. It is made of large steel wire, doubled, and the loop end is flattened at right angles to the shaft, but is not sharp; this has a firm shank and handle, so that sufficient pressure can be used to answer the purpose. In at least 75 per cent of these cases all that is required is the breaking down of all cystic formations and causing enough irritation to excite curative inflammation. The packing does the rest.

The next step is the cleansing of the cavity antiseptically. I say antiseptically because asepsis cannot be applied as a rule in these cases, for generally the cavity is already infected. I do not confine myself to any particular local application for antisepsis. First irrigate, then dry the cavity; and when the curette has been used, I apply a strong solution of carbolic acid; again irrigate with bi-chloride sol. 1-3,000 or 1-5,000, according to amount of raw surface, and proceed to pack the cavity.

The various intra-uterine packing forceps are useful in some cases, but with complete dilatation the packing is an easy matter.

The iodoform gauze is cut in strips one or two inches wide and long enough to fill the cavity and cervix. If too much gauze has been taken, it is cut off in such manner as to be easily found when desired for removal. This packing is removed as often as need be to keep the parts in an antiseptic condition. In cases where the asepsis is marked and the discharge abundant, it is changed every thirty-six or forty-eight hours; in other cases it is left in place three or four days. Upon removal, immediately cleanse the cavity and repack, unless there is evidence of inflammation or of the approaching catamenia. I have always been upon the lookout for iodoform poisoning, but have not yet seen a case.

Generally speaking, these cases can be cured in from six to sixteen weeks; the purely catarrhal forms in four to ten weeks. In cases of metritis, I have repeatedly seen the uterine canal shrink from four or five inches to three inches in a few weeks.

The first few treatments I never apply at the office, but at the patient's home, and insist upon rest in bed for ten or twelve hours. After that time cautious exercise, if there is no pain. After being satisfied that they can tolerate these treatments, I frequently give them at the office.

I can best give you my idea of how the

packing effects a cure, and, at the same time, illustrate the conditions wherein I have used it with the best results, by giving cases from practice.

Case 1. Miss V———, aged 27, school teacher for several years, had been treated for spinal irritation, nervous prostration and several other diseases, each attending physician having a different diagnosis and adopting a different method of treatment. When she came to me she had given up all hope of ever teaching again, fearing that her fate was that of chronic invalidism.

I diagnosed catarrhal endometritis, with the cervix and endometrium so sensitive that it was impossible to pass the soft silver probe. Gave A. C. E. mixture, dilated the canal, packed the cavity, and in seven weeks the case was cured. She has taught school ever since and is perfectly well.

Case 2. Mrs. J———, aged twenty-five, sterile; entire endometrium very sensitive; marked hemorrhagic diathesis; patient extremely anæmic and very weak; menorrhagia alarming, often lasting twenty days each month. Diagnosis, fungous endometritis. Cervix dilated and scraped with my curette, but did not remove all the mucous membrane; packed with iodoform gauze. Hemorrhage controlled; cured in three months and remained cured until she had been at home for several months, when the menorrhagia returned to some extent, caused by immoderate sexual indulgence, and as she refuses to correct or remove the exciting cause, I have declined to treat the case a second time.

Case 3. Mrs. D., aged 37; mother of two children, youngest, three years. About two years before I saw her she had a miscarriage at about ten weeks, and had flowed continually since. At every menstrual period the flow was very profuse for eight or ten days. When I first passed the sound, the blood gave such a vigorous gush as to pass over my right shoulder, and in less than one minute the patient fainted. I found that we had an exceedingly vascular, fungous or polypoid mass to deal with. No assistant being present, I was forced to pack the cavity in order to control the fearful hemorrhage. Packed the cavity full, using a strip of gauze four inches wide and five or six feet long. Hemorrhage controlled at once. After resting a few hours, she took the street car to her mother's home, nearly two miles, and went to bed. Next day I visited her and found her so comfortable that the packing was not disturbed for forty-eight hours. At the second visit I went with the intention of operating, but she had just received word that she must come home immediately, a distance of three hundred miles. Seeing that go she would, and recalling the tolerance and benefit of the first packing, I simply refilled the cavity, and told her by all means to call in a physician as soon as she reached home, and gave her a letter to him, telling what I had done and thought best to do. Several weeks after she wrote me that, as the flowing had not returned, she had not been to see her physician. She writes her mother that she is perfectly well. Of her exact condition I know nothing, but I am truly amazed at the beneficial results of two treatments.

No matter what may have been the cause of the endometritis, we find in every case abnormal circulation; and the packing relieves the engorged blood vessels, causes muscular contraction of the uterus, and this in turn stimulates the circulation and arouses the dormant energies to such an extent and in such manner that nature can eliminate the products of disease and set in motion healthy processes. This is much more effective in bringing about a permanent cure than the forcible removal of the products of disease and running the risk of kindling serious inflammation.

So that really about the only difference of opinion between the advocates of vigorous curetting and those who favor the curing of these diseases by packing alone, or in connection with milder curetting, is as to the best means of accomplishing the same end. Both realize that there is an abnormal condition. The one believes in simply assisting nature, and the other believes in doing it all himself, seeming to forget that in nearly all cases the endometritis is only one of the diseased conditions present; while we claim that the packing sets in motion forces that cure these other diseases as well as the endometritis. We also believe we can cure, in cases where the method is applicable, just as quickly and much more safely than with the curette. Furthermore, we believe that we can cure many cases which cannot be cured by any other method.

If I have succeeded in helping any member of this Institute to cure a larger percentage of cases more quickly and more safely than he has been able to do heretofore, I shall be fully satisfied.

INTESTINAL SURGERY.

By L. D. ROGERS, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

THE great progress made in the field of intestinal surgery is due largely to the discovery of a successful method of intestinal anastomosis, by means of plates made of absorbable material, such as decalcified bone, raw-hide, cat-gut, etc.

The average plate may be described as a piece of absorbable material about one-sixteenth of an inch thick, elliptical in shape, having a long diameter from two to three inches and a short diameter from one to two inches. In the center there is a diamond-shaped aperture measuring from one-half to three-fourths of an inch one way, and from one to one and one-half inches the other way.

About one-quarter of an inch from the border of the plate there are six needle-holes distributed as follows: One near each end and two equi-distant on each side.

Through each needle hole there is a linen thread about five inches long, knotted at one end, with the knot drawn against the plate, the other end is armed with a common straight needle.

Some operators use only four needles and threads. I have used eight, but so many are confusing.

The first plates employed were made from decalcified bone, but it requires about two weeks to prepare them. They may be procured at some of the drug stores already prepared.

Raw-hide is cheaper, more readily prepared and will absorb in about the proper time.

The raw-hide that I have found the most satisfactory is known as heavy artificial-limb stock. It is absolutely pure dried raw-hide, free from all foreign substances, such as tannin, lime, tar or tallow. The commercial value is only thirty cents a square foot.

Green raw-hide is highly recommended by some operators; segmented rubber plates held tog ether by cat-gut have also met with favor. So have solid cat-gut rings and chromacized gelatine plates. In all, eleven different substances and devices have been used for the purpose of facilitating intestinal anastomosis. Sole leather was found to absorb too slowly. The best substance for plates from the standpoint of absorption is one that will absorb in about five days.

The rapidity with which intestinal wounds heal is remarkable; the peritoneum is known to unite within a few hours.

Probably the most unique operation in the field of intestinal surgery made possible by the discovery of the use of plates, is that in which a new channel is established between the stomach and intestines; rendering unnecessary the pylorus and the upper part of the duodenum.

The operation is named entero-gastrostomy and is performed as follows:

An incision one and one-half inches long is made through the most dependent portion of the wall of the stomach. Into this incision a plate such as I have described is inserted, the entire plate is placed inside of the stomach only the needles hang out from the incision. The needles are now transfixed through the wall of the stomach from within outward and the plate is drawn tightly against the mucous surface of the stomach and firmly anchored there. The opening into the stomach would be completely blocked by the plate were it not for the diamond shaped aperture in the center of the plate. This now gives the incision a mouth-like appearance.

A similar incision is now made in the intestine at a convenient place several inches below the pylorus, a plate is inserted and anchored in a similar manner; the mouth-like opening thus also formed in the intestine is brought directly in apposition with that of the stomach. The serous surfaces thus brought in contact should be first scarified to facilitate union. The corresponding threads of the stomach plate are tied to the corresponding ones of the intestinal plate. Overstitches are taken around the borders of the two plates, holding the serous surfaces of the stomach and intestine more firmly in apposition. The new channel between the stomach and intestine is now formed. The pylorus and the first few inches of intestine below it are rendered unnecessary. The food can take a more direct route to the bowels than through the pylorus.

This operation is applicable in case of stenosis or obstruction of the pylorus from cancer or any other cause. In case of cancer of the pylorus, nutrition is greatly improved and life prolonged by this operation.

It is in cases of gun-shot wounds, perforations, obstructions, gangrene, etc., that intestinal anastomosis is of the greatest practical value.

Another discovery that has contributed greatly to the advancement of intestinal surgery is the use of rectal insufflation of hydrogen gas in cases of gun-shot wounds of the abdomen, to determine whether or not the gut has been perforated.

In case of a suspected perforation of the intestine by a bullet, insert the rectal tube into the rectum and a glass tube about six inches long into the wound made by the bullet; then press upon the bag of hydrogen. If the intestine is perforated the gas will escape from the glass tube, and may be demonstrated by igniting. If there is no escape of gas, it is almost positive evidence that there is no perforation. This method of diagnosing gun-shot wounds of the abdomen is of the greatest practical value, since the rule is not to perform laparotomy in case there is no perforation of the intestines, and no serious hemorrhage, but in case there is to operate at once.

Another operation within the field of intestinal surgery now attracting great attention is that for the removal of the vermiform appendix.

I call to mind one death in my own practice which at the time I supposed to be an irregular type of typhoid, but which I now believe to have been a case of appendicitis, followed by a perforating abscess.

In the light of modern intestinal surgery appendicitis with symptoms of a perforating abscess demands an immediate operation, for removal or aspiration of the pus sac; the latter procedure is a valuable aid to diagnosis.

The success of this operation upon one of Chicago's greatest financiers a few months ago, while he was visiting in New York, is well known to the public, and has emphasized its importance by saving the life of one of Chicago's most valuable citizens.

Not infrequently sterility in women depends upon an acid condition of the vaginal secretions. In such cases a vaginal douche at bed time of two quarts of water, containing one ounce of bicarbonate of soda and three or four ounces of glycerine, will often lead to the desired result.

The Administration of small quantities of readily digestible food at frequent intervals is the secret of success in treating gastric disorders.

In measles when the temperature is high after the eruption has faded, there are complications.

USES OF ACETIC ACID IN CERTAIN FORMS OF DISEASE.

By WM. OWENS, M.D.
Cincinnati, Ohio.

[Read before the Homœopathic Medical Society of the State of Ohio, Cincinnati, May, 1892.]

IN its concentrated form Acetic acid is a corrosive poison. In the dilute form it is aseptic, antiseptic, disinfectant and therapeutic. As an aseptic agent it has been known and used from time immemorial for the preservation of animal and vegetable substances for domestic and for scientific purposes.

As an antiseptic, Acetic acid has been often used to arrest putrefactive fermentation in organic substances; to arrest gangrene and the bad odors from putrid and foul smelling ulcers. As a disinfectant it speedily destroys the most offensive odors and renders the atmosphere comparatively pure, and is altogether an agreeable and pleasant perfume. As a disinfectant it has been extensively used to correct the offensive odors arising from the small-pox, scarlet fever, diphtheritic, typhoid fever or measles patient. A small quantity of common vinegar poured into a vessel will destroy the offensive odor arising from the stools of typhoid fever, tubercular phthisis or tubercular enteritis patients. If common vinegar is boiled in the sick room two or three times a day for fifteen minutes at a time, it will keep the room quite sweet and pleasant. It is the only disinfectant I have used in infectious diseases for many years. I have also used it as a gargle in the putrid sore throats of scarlet fever and diphtheritic patients, with most gratifying results. For this purpose a two per cent dilution of Acetic acid No. 8., or a one-third dilution of vinegar to two-thirds water is sufficient.

As a therapeutic agent Acetic acid liquefies albumen and fibrinous deposits as found in hyperplasias, indurations, and infiltrations, the product of the acute or chronic inflammatory process.

It is particularly valuable in epithelioma and cancerous affections and in the indurated chancre of primary syphilis. It is said to be the only agent capable of dissolving the cancer cell.

In treating the cancerous patient we use locally a two per cent dilution of Acetic acid, No. 8., diluted with distilled water, and keep the part moistened all the time, using a soft linen rag of several thicknesses, while we give internally the first dilution in water every four hours. Use the same treatment for

pithelioma. In a few weeks exfoliation takes lace and leaves a healthy surface. In the ıdurated chancre the first dilution is used ɔcally and kept moist. In a few days the ıduration becomes softened, pus is formed in ıe ulcer and is usually discharged quite ɛely, the induration disappears and a healthy ranulating surface remains. From this time ıe second dilution is used until it is entirely ealed. If this treatment is resorted to before ıduration of the inguinal glands takes place, e shall have no secondary symptoms. In lation to cancer of the stomach two cases ay be referred to.

Mrs. M. aged 62, had been under treatment r an affection of the stomach pronounced ıncer by three thoroughly competent physians. She had been subject to vomiting of od. At times a small quantity of blood ɔuld appear. This had continued for several onths previous to my call. She also had ıd constipation for two or three months, and ıd had no stool for twenty-one days. Nodules large as a walnut could be distinctly felt at e pylorus, with some degree of tenderness tending across the stomach. When first ɛn she had just vomited a peculiar, glairy, uel-like matter mixed with undigested food ıich had been taken two days before. This ɔluded slime, mucus and blood. The ɛending physician did not seem to underınd the cause and wanted counsel. After a ɛful examination it was agreed that we probly had a cancer of the pylorus to deal with. Acetic acid, the first, in water was given ɛry hour. But two slight returns of vomitɛ occurred thereafter; improvement conued, and time between the doses was ɛended. In four months Mrs. M. was well l remains well to this time, now ten years. Second case: Wm. L. T., aged 52, had ɛn attended by his family physician and two ıers in consultation from time to time for ɔut two years, during which time he had nited undigested food more or less. Six ɛks before he was seen he had vomited each ht the food he had taken during the day ı partly digested state. During this time stool, except with the aid of the syringe for two weeks no stool at all had passed. was give Acetic acid 1x, in water every r. The syringe was used twice daily. In r months from the day he was seen he ked out for the first time, and he has had ɛturn of the trouble since.

mong other cases treated was J. J. Z., a well known citizen in government employ. He had been under treatment for epithelioma of the lower lip for two years by a well known physician. He was not improved, but much worse. The ulcer had destroyed the center of the lip from its margin through and down to the gum. The fissure was marked by small nodules on both sides, lying close together. It had also extended about half an inch from the margin of the lip to the middle of the right cheek, which was here perforated, forming a hole large enough to admit my index finger. The whole surface yielded so offensive a discharge that the lip was a burden to him, and annoying to all with whom he came in contact. Acetic acid 2x, locally and 1x, internally, effected a permanent cure in one year and eight months. He remained well until last winter when the sequelæ of grippe caused his death.

Mrs. L. H., had when about 18 years of age, observed a small nodule on the left nipple which had annoyed her for some time. Suddenly she felt a burning stinging in the nipple with considerable pain along the anterior margin of the breast and left axilla. Upon examination it was found that the glands here were infiltrated and tender and quite painful to the touch, and on motion the suffering was increased. The nipple now became retracted and had much sticking, stinging, burning pain through it. Acetic acid 2x, locally and 1x internally, effected a cure in a little more than one year. A young lady then, she has since married and become the mother of four healthy children, and has had no return of the trouble in the breast. She has not been allowed to use the breast in nursing.

A large number of other cases can be mentioned in which the results have been similar. Most of the patients are residents of this city. One lady now living in Peoria, Ill., aged 32, was entirely cured of an epithelioma which had been twice scraped with the curette, and had returned each time. She was entirely cured in about one year and a half, and remains well after six years.

Everybody's Medical Duty.

We see that some of our exchanges have been favored with an address by Dr. George M. Gould to the Unitarian Club of Philadelphia, upon the subject: *Everybody's Medical Duty.* We indulge the hope that in this effort he was more successful than in his address before the Buffalo medical students.

SUB-ACUTE CATARRHAL INFLAMMATION OF THE MIDDLE EAR.

By C. GURNEE FELLOWS, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

I HAVE chosen this subject in order to take up the consideration of a class of cases that have presented themselves of late, and especially since the grippe.

I call the trouble sub-acute, not because that is the strict anatomical classification, but because it is neither acute nor chronic, and neither is it suppurative or serous in character.

In my experience it is characterized by the feeling of fullness, so common to many other forms of middle ear disease, by the presence of distressing noises of all kinds and quality, and often by slight, though not marked, changes in the hearing power.

The cases are not, as usual, accompanied by any change in the appearance of the tympanic membrane, and probably there is not much change in the tympanic cavity.

So far as examination is concerned, the signs are mostly negative, but the symptoms alone are of a positive character. So much in a general way as to the disease.

Too often the symptoms are not of sufficient intensity to trouble the patient, and he is apt to neglect it, till the favorable time for treatment is passed. Should he present himself early, the use of Politzer's air bag a few times will afford some relief, but it will be useful mainly in preventing the hearing power from diminishing, by keeping the Eustachian tubes open, and by keeping the drum membrane in position.

The next point, and the main one, is to look to the condition of the nose and throat, and it is there the cause is often found. This opens up the whole realm of intra-nasal surgery, and may lead to the removal of all diseased tissue. But more especially should we look to the condition of the mucous membrane itself, even though it super-lie a septal deflection, or any abnormal elevations. We will commonly find a hyperæmic condition of the mucous membrane, covering the turbinated bodies and whole of the pharynx, and often a granular condition. By inference we have the right to think that a condition similar to that visible is present in the Eustachian tubes, at least in the pharyngeal half; and treatment in accordance will show results, if the surmise be correct. Local applications are here especially efficacious. They may be made by means of the spray, though best by cotton applicators. I believe in finding the cause, the diseased locality, and in treating it; and not in too much spraying in a haphazard sort of way. The application may be fairly mild, and should be at first Iodine 2 per cent to 5 per cent in glycerine, Hydrastis in equal parts with glycerine and water,—and other remedies similar in character, slightly stimulant to promote absorption in the thickened mucous membrane. In some cases the application of a solution of chromic acid 2 per cent has been followed by success.

Menthol vapor in the nose and Eustachian tube is a good thing for temporary relief.

Last, but not least is the internal treatment.

Remedies directed towards the equalization of the circulation are first to be thought of: Bell., glon., sang., dig.—Acid salicy., china and graph. are suggested for the tinnitus; while Robert Cooper, of London, extols the use of Ferrum Pic. for similar symptoms. Merc. prot., phytol. and lach. are useful for their effect upon the pharyngeal and nasal mucous membrane.

Caution your patients for their own sake not to stop treatment too soon, else the trouble will become chronic and possibly incurable. See your patients not often, but for a longer space of time. I believe that with care we can relieve or cure many of those suffering from sub-acute aural disease.

THE USE OF THE BICYCLE.

By W. S. WHITE, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

I SHOULD like to call attention to the most scientific and delightful gymnasium that has ever been invented, "the bicycle." It has come to stay. Hence, as physicians, we may as well investigate its virtues as a remedial agent.

Every portion of the anatomy is exercised by this gymnasium, the orbit and pelvis not excepted.

We can divide the parts exercised as follows: Upper extremities and parts above the diaphragm; lower extremities and parts below the diaphragm. The pedals cause the abdomen, pelvis and lower extremities to be exercised; and the handle-bars, coupled with the sharp watch kept by the eyes, do likewise by the upper portion of the body. After a ride of a short distance the whole body becomes aglow

with the equalized circulation, and the rider feels in a measure rejuvenated.

Let me say a few words in defense of the bicycle. Many of you, no doubt, have condemned its use, as you would not have done had you ever ridden one or thoroughly investigated its good points. The first thing that received condemnation was the saddle. It is not necessary to have any trouble from this source. If the saddle be properly adjusted, very little chance is given for irritation of the rectum or urethra, because the rider can sit upon the tuberosities of the ischia, as he or she should. The bowels should be kept clear, and the bladder should not be allowed to become distended with urine. This point having been attended to, see that the saddle is properly adjusted, then hemorrhoids, habitual constipation, urethritis or cystitis will not be heard of. Good wheelmen are very seldom affected by any of these troubles. There is a new saddle of aluminum, the invention of Dr. Whiting, a homœopath, that will soon supersede the old leather saddle.

I heartily indorse the bicycle for ladies. After a girl reaches puberty she too often is exempt from exercise, and the result is a non-development of the pelvic organs and their functions. I know several ladies who have been cured of leucorrhoea, which had annoyed them for years; and the cure is due simply to the fact that riding a bicycle has developed the pelvic viscera, by a gymnastic exercise which has long been needed.

Labor is assisted by wheeling. I have attended three ladies in confinement, who are very enthusiastic bicyclists, and in each case the patient has had a very easy time. Two of them were primipárae.

Dr. Hammond, of New York, is prescribing the bicycle in various nervous affections, among which are locomotor ataxia, anterior poliomyelitis and lateral spinal sclerosis.

People leading sedentary lives generally receive the most benefit, and I can point out many cases of dyspepsia, insomnia and incipient phthisis which have been benefited, and in most cases permanently cured by the judicious use of the wheel.

In recommending a bicycle always be sure and advise a good one; cheap wheels are hard running and not at all durable. Then the rider should be cautioned to sit erect when riding, and scorching or racing should be prohibited to those who are riding if one wants to regain health.

I am a bicycle rider, and make fully one-half my calls upon the wheel during the early spring, the summer and the fall. Upon my Columbia I have traveled all over northern Illinois and southern Wisconsin in the past two summers while on my vacations. I have never experienced any inconvenience nor have I been conscious of any bad effect from riding on country roads or in races.

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Golden Rules of Surgical Practice.

ABDOMEN.—Always avoid purgatives in treating a patient who has swallowed a foreign body. Give opium and constipating food—boiled eggs, cheese, puddings, potatoes, etc.

Never close any wound of the abdominal wall till all hemorrhage has ceased.

Never, under any circumstances, apply pressure to a wound of the abdominal wall to arrest hemorrhage.

Never mind increasing a superficial wound of the abdomen in order to remove a foreign body or to secure a bleeding point.

Never probe any wound in the abdominal wall.

Never forget that all abscesses of the abdominal wall should be opened freely and at once.

Never hesitate or delay to open and drain an abscess in the loin, due to rupture or injury to the kidney.

Never procrastinate in strangulated hernia. It is not usually the operation which will prove unsuccessful in herniotomy; the danger lies in your allowing the bowel to become irrecoverable.

Never be deceived by an opiate masking the acute symptoms of hernia, obstruction, peritonitis.

Never tap a suspected renal tumor through the abdominal parietes, *i.e.*, through the peritoneum.

Always relax the abdominal wall after suturing.

Never ligature *en masse* in cutting off omentum. Do it piecemeal. The constricted edge of the apron of omentum may unravel, and fatal hemorrhage result.

In protrusion of the viscera never neglect to pass your finger fairly through the wound to make sure that the reduction has been complete.

And be careful never to push the bowel into an interstice between the muscle or into subperitoneal tissue.

SELECTIONS.

Clinical Report of 190 Cases of Labor.

Dr. C. W. Coulter, of Oil City, Pennsylvania, has in the August number of the *American Gynecological Journal*, the following interesting and instructive comments upon his experience and results in a series of confinement cases:

I will present, gentlemen, for your consideration, my first one hundred and ninety (190) cases of labor, giving you as careful and minute a history as I can, embracing my successes, and, as well, my failures.

Only those cases presenting any point of interest will be touched upon. Those unnoticed being perfectly normal and devoid of interest to the accoucheur.

On May 10, 1888, I received my first call. Arriving at the house, I was shown into the room where my patient, a middle-aged multipára lay. I was introduced to her by her husband, took a chair and sat down by her side, and inquired in regard to her pains; when they started, as to the number of children she had given birth to, etc. I finally remarked that we would examine and see how matters stood. I called for some warm water, took from my pocket a vial containing small tablets of hydrarg bin-iodide and dropped a few into the water. In this water, thus prepared, I carefully cleansed my hands. Upon examination, I found the os patulous and well dilated, and the child presenting in the first position. I informed my patient that all was well. In less than an hour I handed to the nurse a fine, big boy. This labor proved to be a very easy one, to which the lady gave credit to the bin-iodide tablets. This lady proved to be my friend until she left the city, leaving her old family physician for me. I cite this a normal case, for another reason than a scientific one, which is obvious.

I have classified my cases for the purpose of convenience:

Born at full term	177
Premature births	13
Still births	9
Twins, four sets	8
Instrumental deliveries	24
Babies not still born, but died within a week	9
Vertex presentations	180
Breech presentations	7
Brow presentations	1
Foot presentations	2
Prolapsed funis	2
Ergot, in second stage of labor	2
Puerperal septicæmia	2
Puerperal eclampsia	3
Lacerated perineum	2
Lacerated cervix	1
Retained placenta	2
Post-partum hemorrhage	2
Instruments used on multipara	9
Instruments used on primipara	15
Number of multipara	115
Number of primipara	75
Illegitimate	3
Number paid for	170
Deaths of mothers	2

In commenting upon the above classification, it will be understood that I must necessarily abbreviate, where I would like to enter into more lengthy details.

PREMATURE BIRTHS, 13.

In attempting to account for the premature births, I find various causes at work. In cases 5 and 22, I was entirely unable to arrive at any definite cause. Cases 35 and 46 were produced by over-exertion. In case 35, the mother, a fine healthy woman of perhaps 24 or 25 years of age, had removed, a couple of days before her accouchment, a distance of about 50 or 60 miles. The trip, in connection with the labor incident to arranging her new home, was, no doubt, the cause of her premature delivery of twin boys. Case 46, the lady had taken a heavy lift—instantly a gush of water came, contraction started and she was delivered prematurely. Both of these women have since had children at full term. Cases 52, 121 and 173 are all one woman. The cause of this case, I ascribe to syphilis. At any rate, I have determined, if this woman again conceives, to place her on treatment for constitutional syphilis. Case 109, labor was induced prematurely, on account of the woman suffering with puerperal eclampsia. Cases 136 and 179 were brought about by la grippe.

STILL BIRTHS, 9.

In three of the cases, cases 4, 18 and 90, the child might have been saved had I arrived in due time. In case 4, the messenger told me the child was partially born and he had been searching for a doctor for over an hour. I repaired to the house, finding the lady's mother, a midwife, in attendance. Upon examination, I found the body entirely escaped from the vulva and quite cold; the head still in the vagina. After informing the mother that her child was dead, I immediately delivered by rotating the child over the mother's abdomen, and making digital pressure on the head through the rectum. I vainly tried for

veral minutes at resuscitation. Case 18 was xactly similar. Case 48, due to a prolapsed nis. In introducing my fingers into the agina, I could scarcely feel anything but the ord. The contractions were frequent and rm and the os well dilated. Pulsation was ill quite distinct. I went to work to replace ie cord and sent for help. Before my help ad arrived, however, I put on the forceps and as about to deliver when a small flow of ood made me lose my senses. I withdrew y forceps and waited for the help I had sent r. Had I gone ahead and delivered I unoubtedly could have saved the child. My elp soon arrived, and, after asking me if I ad told the lady her baby would likely be ead, requested me to put on the forceps and eliver. I told him that I much preferred he ould do so; he readily consented, and soon elivered the woman of a dead child. This as one of the best lessons I ever had in my ractice. I look upon it as one of my failures, here, had I kept my senses, I could have elivered the child alive. Case 90 was also ue to prolapsed funis. When sent for to tend this case, I was several miles in the ountry. Arriving home late at night, I und an order to come to A.'s at once. Upon riving at the house I was met at the door by a elderly lady friend, who chastised me for eing so slow; at the same time telling me ie cord had been hanging outside for ore than an hour. I inquired why they had ot sent for some other doctor, and was told iat Mrs. A. would not consent to having any her; that she would prefer to wait until I ould come. Upon examination I found the ord prolapsed and pulseless. The os well lated, soft and patulous, the child presenting the first position and the contractions tonic. explained to her that her baby was dead. delivered the child in a very few minutes ith instruments. Had I been on hand in me with this woman, I undoubtedly could ave saved her child. Case 109 was an inuced labor at about the seventh month. he mother was suffering from severe puerral convulsions. Death undoubtedly took ace in utero and was due to carbonic acid oisoning. Case 166 was a brow presentaon. Podalic version was performed. This iild died from asphyxia in delivery—more which will be said farther on. Case 172 as one of twins. It was a breech presentaon and was an easy delivery, and just why is one died, I am still at a loss to say. The heart continued to beat—I could even see the carotids pulsate for several minutes after birth —but my best efforts, of over half an hour's duration, failed to get this child to breathe. Case 173 had died in utero sometime before labor and was due to constitutional syphilis. Case 183 was a case of hydramnion. This child was completely macerated; the skin peeling off of the cheek and hand after birth; its abdomen was greatly distended with fluid.

TWINS.—4 SETS.

Cases 35, 78, 118 and 172 were twins. In case 35, the children, as has been before noted, were premature births. The first was a vertex presentation; the second, breech; with one placenta. Delivery was successfully accomplished, both children delivered alive. Case 78 was only different from the above inasmuch as there were two placentas, or one for each child. I had some difficulty in this case in resuscitating the younger child, as it came near dying from asphyxia due to the late delivery of the after coming head; but with the aid of the hot and cold plunge, alternately, artificial respiration, and mouth to mouth insufflation, I succeeded in resuscitating the child. These children were a pair of fine healthy boys of full gestation. The first one was delivered at 9:05 A.M., the second at 10:30 A.M., making a difference of one hour and twenty-five minutes in the time of birth. Case 118 differed none from the above, except as to the time between births, as only ten minutes elapsed from the birth of the first until the second one was born. Case 172 very much the same, except both children were delivered with instruments. The first was a breech presentation; the mother, a multipara, being quite small, had decided me beforehand to get my instruments ready in case I needed them for the after-coming head, and when the body of the child was delivered I had them at my side already made aseptic and anointed ready for use. I endeavored for a short time to deliver the head without them, but utterly failed. I readily put the forceps on and soon delivered the child. I noticed when I laid it on the bed that it made no effort to breathe. I dashed cold water on it and shook it slightly, but without avail. The cord was still pulsating, and I worked with it for a minute longer, when I decided to tie and cut the cord. After which I took the child and laid it on a warm blanket, and for one-half hour no man ever worked more faithfully

than I did. The heart continued to beat for some time, and two or three different times the child made an effort to breathe. Finally, the heart ceased to beat, and I gave it up. During the time I worked with this child, the mother was having hard pains about every two or three minutes. Upon examination I found the second child presenting in the L. O. A. position. The mother insisted that I should deliver her at once. I accordingly applied the forceps and safely delivered her of a lively big boy, who made his entrance into the world with a cry that awakened the children sleeping in the next room. Time between births, thirty-five minutes. One placenta. Thus, you will see, out of four cases of twins, I have, unfortunately, lost one child.

INSTRUMENTAL DELIVERIES, 24.

Cases, 8, 24, 48, 49, 60, 61, 62, 69, 73, 88, 90, 92, 97, 98, 109, 119, 125, 128, 161, 167, 172, 173 and 181, were all instrumental cases.

I think I hear you say, an immense percentage of instrumental cases; perhaps it is, but I think not. Cases 48 and 90 were cases of prolapsed funis, the presentation being L. O. A., the os widely dilated, pains severe and progress *nil.* Cases 8, 24, 49, 61, 62, 69, 73, 88, 92, 97, 98, 119, 125, 128, 161, 167 and 181 are all cases in which the child presented in the first position. In no case were the instruments applied until the os was fully dilated. To those who may find fault with my frequent use of instruments, I would only say that I have only *one* case that I can look back upon and see that the least harm was done, and that was the fault of the lady herself and will be noticed farther on. This, I know: that I have saved an endless amount of suffering to the mother; have never injured a child, except a slight cut about the scalp, and, in fact, I feel safer delivering the head over the perineum when I have the forceps on, than I do when allowing the mother to deliver with her own pains. All of these cases have been delivered on account of protracted labor, due to uterine inertia, small pelvis, prostration from continued suffering, and one on account of my own desire to complete labor as rapidly as possible, on account of a previous history of puerperal insanity. I can only look back upon these cases, feeling that I have done good work in all, and believing, as one woman remarked to me, that the obstetrical forceps, when in careful hands, are a God-send to the suffering woman about to become a mother.

Cases 60 and 109, the instruments were used to facilitate labor to save life. In both cases I was handling cases of eclampsia. Cases 172 and 173, the instruments were used to deliver the after-coming head.

VERTEX PRESENTATIONS, 180.

As there is nothing of any great interest in these cases that is not mentioned elsewhere, I will not comment farther.

BREECH PRESENTATIONS, 7.

Out of the seven cases of breech presentation there is nothing worthy of mention. They were all born alive except three; and two of these were dead long before I arrived; the other one being one of my last set of twins previously noted.

BROW PRESENTATIONS, 1.

And I hope I may never have another one under like circumstances. I was called December 10, 891, to attend Mrs. M., a primipara, aged 35, had been married twelve or fourteen years and was delighted at the thought of a future heir. This lady was about five feet tall and weighed about two hundred pounds. I was exceedingly anxious that everything should go well in this case, as they were people of considerable prominence. My first examination revealed a rigid os, which dilated slowly. I at first diagnosed a first position, but it was not long ere I fully decided I had a "brow." The os eventually dilated sufficiently wide and still no progress. I finally decided on some assistance and asked who they preferred; they named my partner, Dr. Ritchey, a man of rich obstetrical knowledge; with an experience of twenty years. This was perfectly in accord with my wishes. At 1:00 P. M. he met me in consultation. After informing the husband and wife that we were confident all would go well with the mother, but could not say so much for the child, Dr. R. proceeded to give the chloroform. I made my right hand and arm aseptic, and attempted to introduce the forceps. Failing in this, I introduced my right hand into the vagina, and used Baudelocques' method without success. I worked at this till my hand began to cramp from pressure, and asked Dr. R. to see what he could do. He at once set about to perform podalic version. After considerable work he succeeded. The body was finally delivered and the child was still alive, as it made several efforts to breathe. With a short delay, we succeeded in getting

he instruments on the head and then began ıe work. We worked alternately until we ere both utterly exhausted. At 4 o'clock . M., just three hours from the time we comıenced, I had the morbid satisfaction of finishing the delivery of an immense big—of ourse, dead—boy. Was this a success, or as it a failure? This much I do know; I ant no more brow presentations of large abes in a small pelvis.

FOOT PRESENTATIONS, 2.

Cases 58 and 173 were footlings. Case 58 as a full term babe. With considerable difculty was safely delivered and, with a great eal more difficulty was resuscitated from its sphyxiated condition. Case 173 was a seven ıonths' babe and syphilitic; it was "still;" eing partly decomposed in utero.

PROLAPSED FUNIS, 2.

These have been sufficiently noticed under eading of "still births."

ERGOT IN SECOND STAGE OF LABOR, 2.

Cases 95 and 150 are the only ones in which felt safe in using ergot in the second stage f labor. In this stage it is very liable to beome an instrument that cannot be controlled s well as Simpson's, Hodges', or some others. must say, however, that it acted charmingly or me in these cases. I was called in the arly night to see case 95. I found her very ervous. Examination revealed the os fully ilated with head rested at superior strait. I aited for some hours, and no change; conactions weak and irregular. I asked perıission to use forceps, which was refused me. was again forced to wait for an hour or so onger. I had considered ergot, but was fearful f its bad results. I finally decided I would ive it. A full teaspoonful was finally given nd in three-fourths of an hour the baby was orn. With Credé's method, I delivered the lacenta without any trouble whatever. Case 73 was exactly similar so far as regards conitions and results. I am decided, notwithanding the above, that I feel safer with the ıstruments in my hands and properly applied the child's head, than I do with a teaspoonıl of ergot in the stomach of the mother. It next to routine with me, however, after the ıird stage is over.

PUERPERAL SEPTICÆMIA, 2.

Cases 11 and 25, unfortunately, were sufrers from puerperal septicæmia. Case 11, my first case, was one of deep interest to me. The case is interesting, inasmuch as my patient did nicely for about two weeks, when her temperature went up, pulse was found on examination to be between 120 and 130, headache was severe and tongue considerably coated. On palpation an effusion was found in the left iliac region. At this point there was considerable soreness. I diagnosed pelvic abscess, put my patient on proper treatment and watched her closely. She ran an uninterrupted course of about two weeks, when the abscess ruptured in vagina, after which my patient made a good recovery. This case, you will see, occurred early in my practice, and was visited by me as frequently as five times in the twenty-four hours. The question of infection in this case is one that I have never been able to solve absolutely. It was the third case I attended that night. The other two made an uninterrupted recovery. Fourteen and fifteen days after the confinement, I attended other cases without any untoward symptoms occurring during the puerperium; besides, I rigidly observed antisepsis, as I do in all my cases. Hence the solution I arrived at was one of auto-inoculation.

Case 25 did not terminate so favorably. On the 19th of February, 1888, a gentleman came into my office late in the evening and said there was a girl quite sick on Warren street, and he would like me to go and see her. I made several inquiries regarding the case, but could elicit nothing definite. I repaired to the house and was shown up stairs. Here I found my patient walking over a bare floor, dressed in a night gown and without stockings or shoes. I could see, by the dimly burning lamp, that her night gown was all stained with blood and water. I succeeded in getting her to bed, when I called for some warm water and was informed there was none, and no fire to make any. I then asked for some cold water in a basin and some soap and a towel. In this water, without antiseptics, I cleansed my hands as thoroughly as possible. Upon making my examination I found the head of the child resting on the perineum. In a few minutes labor was successfully completed without rent or tear of the perineum. The placenta was delivered by Credé's method without trouble. I had the fellow go down stairs, start a fire and go after a nurse. Everything went well until the fifth day. As I was passing the house, I was called in by the nurse, who said Miss F. was not feeling so

well. I found her with a temperature of 105, pulse full and bounding; said she had no headache or pain anywhere; the abdomen was very much distended and tympanitic; lochia about normal in quantity and not offensive. I saw her three times that day and two the next, when I decided she would die, and asked for a consultation. This was granted me. The consultation did not develop anything new in diagnosis or treatment. The only difference was in prognosis. I said she would die, my consultant said she would get well. My patient died the next day shortly after noon. I kept a complete chart of this case with notes of treatment and so on, and left it in the room of my patient that I might refer to it as I wished. After she died, I asked for it, and was informed by an old hag that she had thrown it out with the medicines. I went and looked for it, but it could not be found. I afterwards learned that she said she had burned it after I had called for it, as I had killed the poor girl and she was going to beat me out of that much anyhow. This was decidedly a case of septicæmia; the only one I ever attended under like circumstances; called to the house without any knowledge whatever of what I would find, on a cold winter's night, I confined her in a house as cold as a barn and without antiseptics. From this case, gentlemen, draw your own deductions.

PUERPERAL ECLAMPSIA, 3.

Cases 690, 10 and 155. The first and third, were multiparae, the second a primipara. On the 28th of December, 1889, while passing their house, Mrs. D. called me in. After talking socially awhile, she told me that she expected to be confined in about a month and wanted to engage me to attend her, and wished to consult me today about herself. She showed me her feet and ankles, which were quite œdematous, said she had so much headache and that everything had a hazy appearance. I discovered, on inquiry, that her urine was scant and high colored. I requested her to send me a bottle of the first urine she passed, and have her husband bring it down. This he did the next morning. I asked him to be seated until I examined it. I found it loaded with albumen. I placed her on some medication and advised him as to the danger of his wife's condition. He informed me the next day that she would not take any medicine; that she did not need it. I was alarmed and went to see her and told her the seriousness of her condition, and insisted that she should take the medicine as I directed. Her husband followed me out and I told him that his wife would have convulsions when she went into labor, and I was afraid she would die. She came to see me on January 4th, at my office. On the morning of January 6th, I was aroused by the ringing of my night bell. On answering the summons, I found her husband at the door, who stated that his wife had woke him a short time before by moaning. He spoke to her and she did not answer. He tried to rouse her, and he could not; and, while still making an effort to arouse her, she had a convulsion. He summoned some neighbor women and then came after me. I proceeded to the house as rapidly as possible and found my worst fears realized. She was having a very severe convulsion when I went in. I immediately used my hypodermic syringe and chloroform to good advantage. Upon vaginal examination, I found the os dilated about the size of a silver half dollar. I at once directed the husband to go for my friend, Dr. F. F. Davis, who responded promptly to my call. While the husband was gone, I was dilating the os as rapidly as possible. By the time Dr. D. arrived, I had it dilated enough to get the instruments on. The doctor made a brief examination. We then repaired to another room and consulted for a short time, the result of which was, that I put on the instruments and delivered the mother of a live baby boy. The treatment that I had started on was kept up without any improvement. I might say that this woman had only two convulsions from the time I first saw her, until she died. The uræmic intoxication was too profound. She was discovered in the morning comatose, and remained so until she died, her death occurring the next morning at 3:30, being about twenty hours from the time her husband discovered her in a condition of coma.

Case 109 presents an interesting history.—On December 1st, 1890, at about 4 P. M., there came into my office a young man I had known since childhood. He was hatless and almost out of breath. He stated that his wife was very sick and that the doctor who attended her had told him that he could do no more for her than he was doing, and that she would die soon unless something more was done, and that he wanted me to come and see her. I told him I could not go unless I went in consultation with the attending physician. He hunted up his doctor and told him he had

en to see me, and that I would not come, ily to meet him in consultation. His phy-cian directed him to come and get me, and e would go to the house at once. Upon ar-ving at the house I found a young woman, a imipara, seven months advanced in preg-ancy, having severe convulsions. On vaginal amination I found the cervix still elongated, e os closed, and in fact, no signs whatever labor. This lady, they told me, had been ving severe headaches for a couple of weeks. er vision was very much obscured, her feet, kles, eye-lids, etc., were very œdematous. n examination of the urine showed it heavily aded with albumen. In consultation with e attending physician, I insisted that labor ust be at once induced, or the woman would e. He readily agreed with me, but declined have anything to do with that part of it, as was against his principles, and insisted that should take the case. I at first refused, but on his assurance that it would only be a ndness to him, and at the urgent solicitation the husband, I consented. I then decided at I must have counsel, and called upon a an ripe in experience and knowledge, who vised heroic treatment, and to wait. With nsiderable reluctance, I consented. We left e house with instructions to send me word two hours as to the condition of affairs. ne husband accordingly reported that his fe had had two convulsions since we left. it once started for the house, and as I stepped , I found the woman having a terrific con-lsion. I at once decided that I was going induce labor or quit the case, and accord-gly started the husband for my consultant, ling him to have him bring instruments, loroform, etc., also to step by the office of other doctor, whose opinion I respected, and ve him come along. This he did. My nsultant brought with him still another ctor, making four of us in all. The history the case was given them, and they each ade a vaginal examination. Upon retiring consultation, I was very decided in my de of procedure, the doctor for whom I had it fully agreeing with me, while my con-ltant and his friend were reluctant to ac-iesce. They finally consented, however, d we at once proceeded by manual dilatation induce labor, which we ultimately suc-eded in doing. As soon as the os was ened enough, the instruments were applied the head, and the child delivered dead. ead in utero from carbonic acid poisoning. One convulsion followed the labor, and that was all. My patient made an uninterrupted recovery. This lady told me after her recovery that she could not remember anything that transpired since the Thanksgiving day preceding, and did not know anything that had occurred during the period of her confinement, nor for two days thereafter; although she talked to us and seemed to answer our questions rationally at all times, except when in a convulsion. In the course of time her urine cleared up and everything went well. I have since attended her in a miscarriage, and she is now in her fifth month of gestation again, with apparently good health, no signs appearing of renal insufficiency or of albuminuria.

Case 155 was a very mild one; one convulsion following labor. I had received no previous warning in this case. The labor was normal; there was no œdema, nor in fact anything to call my attention to albuminuria, unless, indeed, it might be the metastatic pains, which she suffered during labor. About two hours after labor I was quickly summoned to the house and was told my patient had a convulsion. I withdrew some urine by means of a catheter and found it loaded with albumen. This patient has made a good recovery, the urine clearing up entirely.

My treatment in these cases has been the same all through. One-fourth grain of morphine hypodermically after each and every convulsion, with chloroform inhalations. If labor is not started, I start it, believing as Lusk says, that "the period of folded hands has passed as soon as cerebral symptoms appear." It places the woman in a position of comparative safety. I would like to go more into detail of my after management of these cases, but time forbids.

LACERATED PERINEUM, 3.

Cases 56, 69, and 166. Case 56 was unavoidable. I made an effort to prevent, by strong manual support to the perineum, but failed to prevent the laceration. The head was very large and the vulvar opening very small. I immediately repaired it with deep sutures with good results. Case 69 was caused by the patient kicking my arm just as I was delivering the head with instruments. I stitched it up with good results. Case 166 was the brow presentation. Stitches failed here, and my patient yet has a lacerated perineum. Not badly so; not lacerated through

the sphincter at all. It causes her no inconvenience or discomfort whatever.

LACERATED CERVIX, 1.

Case 109 was my second one of eclampsia. The cervix was badly lacerated by drawing the child through with instruments before the os had become sufficiently dilated. After several months I performed Skene's operation of trachelorraphy with splendid results.

RETAINED PLACENTA, 3.

Cases 91 and 165 were retained; 91 by being button-holed, and 165 due to the so-called "hour glass contraction"; 91 was readily removed by introducing my hand and unbuttoning it; 165 was removed in the same way, but not so readily. I assure you, to realize the difficulty of removing a placenta retained by a chronic contraction, at the ring of Bandl, one can only appreciate by attempting the same.

POST-PARTUM HEMORRHAGE, 2.

The two cases of post-partum hemorrhage were discovered in time to prevent any serious consequences. The first one was discovered by noticing the blood trickling on to the floor. I immediately thrust my fingers into the vagina, removed the clots and by grasping the uterus with the hand, and aided by the cold douche, soon obtained firm contractions of that organ. In both cases the hemorrhage was caused by uterine atony from prolonged labor.

REMARKS.

This completes my record. You will observe that I have only reported cases occurring on or after the period of seven months gestation. I have not gone into details, for I have already consumed too much of your time. If I am deficient in my history, it is because I have endeavored to abridge my report. A few words more as regards my methods of handling a case and I am done: I am exceedingly careful as regards antiseptics. Ere I touch the mother, my hands are washed in a solution of bi-chloride of mercury, 1 to 2,000; my fingers, especially the subungual portion, are thoroughly scrubbed with hydronaphthol soap and the same solution. In this, I am very thorough. After the third stage of labor is completed, I usually give a teaspoonful of ergot, then take a seat at the bed-side, and for from twenty to thirty minutes hold that uterus in my grasp. I never use a bandage unless requested to do so. After my patient rests for an hour, I have her cleansed; allow no wash cloths to be about her, except those which have been made aseptic by immersion in the hot bi-chloride solution. I then direct aseptic cloths to be kept next her for three or four days, changing the cloths as often as every four hours. As soon as the mother rests for three or four hours, I usually start the baby at the breast. A laxative is given on the third or fourth day if indicated. This is all, if the case is normal. If not, I meet the indications as they arisé.

On the Dose Question, with Especial Reference to the 30th Dilution.

From *The Monthly Homœopathic Review* for July, we quote the following letter of Wm. Lamb, M.B., C.M., of Dunedin, New Zealand. The immensely important question which he discusses will continue prominent in homœopathic literature until some day it shall have been settled. Meantime it must be debated. While we do not have the confidence Dr. Lamb has in the higher potencies, we enjoy the liberality of his views, and gladly give to our readers his letter:

It is with the greatest satisfaction that I have observed the dose question re-opened in the recent numbers of this journal. After my conversion to the law of similars, my immediate perplexity was in which attenuation I should prescribe.

Isolated as I am out here at the Antipodes, I have had no brother practitioner to disburden my mind to in this city, nor is there a pure homœopathic practitioner to my knowledge nearer than Auckland, 1,100 miles away. Wellington, the capital of New Zealand, has none, and Christchurch has a practitioner, as I am told, who practises either way according to circumstances. Accordingly I have had to thresh this subject out for myself by reference to what literature I possessed and by my own experience.

I was fortunate to pick up at a sale, 11 vols. of the *Homœopathic Review* for a few shillings. These have been invaluable to me, supplying the place of oral instruction in homœopathy, and it is a striking proof of the science of our system, the volumes being from 20 to 30 years old. Nowadays, allopathic literature that is 10 years old is put on the shelf as antiquated and useless. Not so homœopathic literature, dealing as it does with

cts which cannot change. I eagerly noted iat was written by various practitioners on sage, to guide me in my practice. But, as is was contradictory, I had to test at the dside to find out for myself. For example—

1. Some state, and those the majority, that ute diseases require low potencies, chronic ed the 30th potency.

2. Others affirm that high dilutions are perior to low, in both acute and chronic ease.

3. Dr. Neidhard says, high dilutions should used in brain, spinal and nervous system eases, and generally in skin diseases; while r dilutions should be used in mucous mbrane diseases, especially of bronchi and gs, in chronic liver disease and in syphilis.

4. Dr. Goullon divides drugs into three sses: 1st class act equally in ♦ or 30, *e. g.*, *n.*, *bellad.*, *nux.;* 2nd class require conerable attenuation, *e. g.*, *nat. mur.*, *lyc.*, *bo.;* 3rd class must be given in ♦, or lowest imals, *e.g. colchic.*, *millefol.*, *petroselinum.*

5. Dr. Drysdale divides symptoms into olute and contingent, absolute requiring , contingent high potencies.

6. Dr. Wells says dose is in "inverse ratio imilarity," *i.e.*, generic, which needs low, characteristic, which needs high.

7. Dr. Black says that the suitable dose "near the limit of physiological action," between ♦ and 3.

8. Grauvogl divides remedies into funcal and nutritional; the former, or drugs ign to the body, require high, the latter, *ferrum* and *calcarea*, require low.

9. Dr. Hale, of Chicago, divides into priy and secondary, action of medicines; the nary needs dilutions from 3 upwards, the ndary, from 3x to ♦.

ow it seems to me, from my three years' erience, that Dr. Dyce Brown hit the nail he head when he said: "The most useful tice is to use all dilutions."

ll hard-and-fast rules *re* this *questio vexata* simply laughed to scorn by the rigid logic cts. Neither the high dilution extreme, the low dilution extreme, is exclusively t, but the liberal using of all the degrees ie scale. This is the conclusion my exence has brought me to, for the present.

now contribute the following cases with ial regard to the 30th potency:—

R. S., æt. 3 months, shortly after birth loped a most splendid illustration of ral eczema of head, face, body, and limbs. I gave *ars.* 3x, markedly aggravating the trouble. I then gave *viola tric.*, *graph.*, *merc. sol.*, etc., without any success. But reasoning about the medicinal aggravation of *ars.* 3x I again gave *ars.*, but in 3c; still some aggravation occurred, but not so much as with 3x. I then gave *ars.* 6, and now there was no aggravation but skin about the same or slightly improved; then *ars.* 12, when decided improvement set in, but still some stubborn patches refused to yield until *ars.* 30 was given, and this effected a perfect cure.

2. Mr. R., æt. 27, suffering from eczema for two years, was so pleased with my success with his little son, who had eczema, and had been unsuccessfully treated by allopaths, that he consulted me about himself. I might say that it was *ars.* 30 and *sulph.* 30 that I gave his son. My object in recording this case is to show how very sensitive to *ars.* 30 this patient is, and to show that where a simillimum has been found, that it does matter very much whether you give 1, 2 or 3 drops of the 30th. This patient, an intelligent gentleman, averred that about 10 minutes after every 2-drop dose, he felt a feeling of most unpleasant prostration and exhaustion, together with a confused feeling in the head as if "he had knocked his head up against the wall." Also he noticed a moist, clammy state of the left side of scrotum and opposed surface of thigh, where there came a red ringworm-looking patch. This last effect would appear or disappear according as he took 2-3 of a drop of 30th, or left it off. He was much improved, and is now taking the 200th with increased benefit.

3. Mrs. C. is another instance of the necessity of giving fractions of a drop of the 30th when you have got the simillimum, and not 1, 2 or 3 drops as you may do with impunity as a rule in the low dilutions. This case I reported in the *North American Journal*, and so I only narrate the bare fact that 2 drops every four hours of *ferr. met.* 30, for diurnal enuresis, after several doses, not only stopped the enuresis but the urinary secretion itself. The lady wisely stopped taking any more of it until she saw me, when, the over-action of the medicine expending itself, the secretion gradually returned, and left her cured of her enuresis. This is a hard nut for exclusively low dilutionists to crack!

4. Mrs. W. F., æt. 21, suffered from morning sickness in her first pregnancy. It was characterized by a craving for salt things,

which, when partaken of, were not followed by sickness, *e.g.*, bacon and corned beef. The vomit was watery, frothy phlegm. *Nat. mur.* 30 cured this, when *nux.* 1 and *ipec.* 1 failed.

5. Mr. W., suffering from rheumatic fever, could not convalesce under *bry.* 1x, but did so at once under *bry.* 30. Later on, being attacked with rheumatic ophthalmia, *bry.* 30 in a few doses cured it (reported before).

6. Mrs. B., greatly afflicted with sacral pain, leucorrhœa, etc., seemed to be a fit subject for *sepia*, which I gave in 30th dilution. She returned after a few days, saying that if she went on with that medicine any longer she would go mad. She described her sensations after each dose as of a pain striking her in the nape, extending up to occiput over vertex and forward to forehead, ending by drawing at the muscles of the eyes, leaving them in a condition just as she had experienced after the exertions of a hard labor. In this case a change to *sep.* 6 resulted beneficially without untoward symptoms.

7. Mrs. H. found *puls.* 30 very curative in piles after accouchement. During a subsequent pregnancy *puls.* 30 always quieted sundry nervous manifestations, such as twitchings and pains. But having finished her bottle, she sent to the chemist for a renewal, and he sent ♦ instead of 30. Mrs. H. took this ♦, but speedily found her symptoms aggravated, and in addition for the first time noticed a most disagreeable heartburn follow each dose. On communicating with me, I at once told her the cause, as she was not aware of the difference in the strengths of the tinctures.

8. C. L., æt. 9, one of my sons, from time to time has abdominal pain, sometimes before, sometimes after eating. *Nux.* 30 puts him to right in a trice, while *nux.* ♦ or 1x either has no effect or only a partial one.

9. *Bellad.* 30, as an oxytocic in inertia uteri, towards the end of the first stage of labor, is one of my most cherished bits of obstetrical practice. I only wish everything else in homœopathic practice was as unerring. And here I would like to second Dr. Clifton's remarks in the *Homœopathic Review*, 1891, p. 783 *re baryta carb.* in tonsillitis, *i. e.*, quinsy. I suppose I have treated about ten cases of this, and in no instance has it had the slightest aborting influence; on the contrary, my uniform experience has been a steady march to suppuration. In one case which I have treated three times, the patient had at the onset herself taken *baryta carb.* 3x. I changed to the 12th with no better luck. The second time I gave 12 and 30 with like result. The third time, having observed that Dr. Carroll Dunham got his successes with *baryta carb.* 200, I gave it, but with equal failure. Now, in this case, each time the drug was in the house and taken at the first inception of symptoms. I classify *baryta carb.* in acute tonsillitis with *acon.* 1x and *bryon.* 1x in acute rheumatism, as so disappointing that if on finishing Dr. Sharp's twelve tracts (to which I owe my conversion to homœopathy) I had tested homœopathy in either of these diseases, however much I might have been impressed *a priori* by the tracts, *a posteriori* I should have remained an allopath.

10. *Bellad* 3. This does not come under the head of the 30th dilution, but as it illustrates the range of action of drugs, and contradicts the assertion that it is all in the selection and not in the attenuation of a remedy, I add it to this list of cases.

Baby Sawyer took convulsions early one Sunday morning. I took my pocket-case, which contained *bellad.* 1x, and dropped out a few doses, and as the convulsions continued, feeling that *bellad.* was indicated, I ordered *bellad.* 3 with immediate and lasting benefit.

DUNEDIN, NEW ZEALAND, April 25, 1892.

The Etiology of Typhoid Fever.

The following is the leading article in the July number of the *Epitome of Medicine*:

For many years the views of Murchison as to the nature of typhoid fever were accepted without question. He maintained that the disease was non-specific in its nature, and could not be ascribed to any one agent. For him the morbific agent lay in a peculiar decomposition liable to be set up in the dejecta of both healthy and typhoid cases alike, but far more commonly with the latter.

This theory passed for many years in lieu of a better one. It was not satisfactory, because it simply moved the solution of the real problem one step farther back. It did not get at the real cause. Then came the age of germs and Murchison's ideas were relegated to the background. The discovery of the germ of Eberth was hailed as the solution of the question, and until recently the medical world has rested content in this view.

But the world moves, and medical ideas expand. The theory of today is accepted only

ntatively—accepted only because it best exains the clinical facts of daily work. But ıere are, with reference to typhoid fever, any facts that it does not explain. The :ndulum of investigation is slowly receding ıd swinging back more slowly over the space rapidly traversed during the past few years. is especially interesting that so much disıssion is current as to how germ-diseases soılled can arise—as they at times apparently ⊢*de novo*.

Years ago it was already taught that bacria in general are just as much affected by eir environment as arehigher orders of e. Applying this principle to contagious seases, it was asserted that certain germs ornarily harmless, may, by bad air, improper 'giene on the part of man, etc., assume a adly character, and that after these new atbutes were assumed they were transmitted th no loss of virulence from culture to culre. Another advance step was taken when was learned that with some diseases, idenal pathological changes could be produced micro-organisms other than the ones typilly associated with these same diseases.

It is along this line that certain researches ve recently been made with reference to tyoid fever. In 1880 the germ of Eberth first ıerted its claim to be the pathogenic factor this malady. Eberth's claims were fully ɔstantiated by Gaffky's work appearing four ırs later. In 1889 Rodet and Roux com:ed this view. Their contention was that : specific cause was the *bacillus coli com:nis*, a germ constantly found in healthy ols. The saprophytic properties of the lathad been admitted by Escherich as early 1885. Two years later Hueppe claimed ıt it was pathogenic. Cases of typhoid too merous to set aside have been now recorded, which Eberth's germ was wanting, while bacilli coli communis were present in ge numbers.

As has been pointed out (*British Med. Jour.*, ıe 11, 1892), in explanation of these apently irreconcilable facts, it is of course, sible that the two organisms—Eberth's illus and the bacillus coli communis—are ply varieties of the same species, and that y are not specifically different. The morlogical differences between the two organs are admittedly slight. No single char:r can be ascribed to the one, which is not ıd in the other; the most striking differe between the two is that the bacillus coli usually grows more luxuriantly on culture media than Eberth's bacillus. Other differences—morphological and cultural, capability of resisting temperature, etc.—have been described, but none of them are so constant as to be relied upon. Such being the case, it is not surprising that the view should be advanced, as has been done by Rodet and Roux, that the bacillus coli is the real typogenic agent, while Eberth's bacillus, formerly so regarded, is merely this organism modified in its passage through the body. They found it possible, in two cases of typhoid fever, to demonstrate by puncture of the spleen the presence of Eberth's bacillus in that organ at a time when the stools contained an almost pure culture of the bacillus coli, and no Eberth's bacilli.

The most recent work on the subject has followed along two lines. On the one hand, its tendency has been to show that Eberth's bacillus is not so commonly or so constantly met with in the stools of typhoid patients, or in water contaminated therewith, as has hitherto been supposed. A number of observers—Rodet and Roux, Vallet, and others—have examined the stools in different stages of the disease in a number of cases, and have found only the bacillus coli without Eberth's bacillus. In fact, it would appear that Eberth's bacillus is not infrequently absent from the stools of typhoid patients. When present at all it has usually been between the tenth and the twentieth day of the disease, at a time, namely, when Peyer's patches have commenced to ulcerate, and when sufficient time has elapsed to allow the bacillus coli to undergo the same modifications within these patches, as on the view above noted it is assumed to undergo in the spleen in being modified into Eberth's bacillus. On the other hand, it has become more and more probable that the bacillus coli communis is capable, under certain circumstances, of acquiring definite pathogenic properties in man. Its presence has now been demonstrated, especially in a large number of suppurative lesions—abscesses, pleurisies, peritonitis, and the like, as well as in dysenteric conditions, cholera nostras, etc.

No allusion to this topic should overlook the recent work of Vallet (*Le Bacillus Coli Communis dans ses Rapports avec le Bacille d'Eberth et l'Etiologie de la Fièvre Typhoide*, Paris, 1892). The results of this observer's experiments may be summarized by saying that both germs differ but little morphologic-

ally. Inoculation in animals give practically the same results with both. The bacillus c. c., thrives in cess pools, even in cess pool fluids, sterilized by filtration, while the bacillus E. does not. The former, taken from closets, is more virulent than that isolated from the healthy human bowel, and far more virulent than the latter. "In passing through the animal organism it appears to undergo certain modifications by which it approximates in its character to the bacillus of E." On the other hand, there is another side to the question of the etiology of typhoid fever, or rather the results, from test-tube investigations by no means cover all the phases of the problem. How complex this is has been well shown by Sir Charles A. Cameron in his recent Cavendish Lecture (*Brit. Med. Jour.*, June 11, 1892). He there points out that the condition of soils and potable water has much to do with enteric fever. Infected water or milk can account for localized outbreaks, but widespread epidemics must be referred to more widely acting causes. Numerous observations are on record to show how rapidly microbes develop in soil water: hence the relation of bad sewerage to the growth of specific micro-organisms: hence also the necessity that every dwelling-place should have an air and water-tight cellar bottom. These observations of Cameron do not at all militate against the germ theory, for in all unfavorable sanitary conditions we have just the environment which promotes germ growth in general, and especially tends to give to germs—ordinarily harmless—virulent properties.

It may not be amiss to here allude to some interesting examinations of drinking-water made by Prof. Vaughn and reported at the recent meeting of the Association of American Physicians.

Some of the conclusions which have been reached in this study are as follows:

(1) Many of the germs found in drinking-water will not grow at the temperature of the human body. These germs, therefore, are not capable of inducing disease. It matters not how rich a given sample of water may be in these germs if it contains no others it cannot be said that the water is a source of typhoid fever. The freedom of communities using such water from typhoid fever, seems to justify this conclusion. Snch a water may not be, and certainly often is not, a desirable drinking-water. It may be turbid with suspended matter, unpleasant to the taste, and give off a disgusting odor, but there is no evidence that it can cause disease. Several interesting examples of this kind have come under observation.

(2) Of the germs that grow at 38 degrees C. or at higher temperatures, some are fatal to animals when injected subcutaneously, while others are not. This renders a division of these into toxicogenic and non-toxicogenic germs possible.

(3) There is no proof that these non-toxicogenic germs can multiply in the animal body, indeed, all the evidence which has been gathered so far, goes to show that they not only fail to multiply in the bodies of the rat, mouse, guinea-pig, and rabbit, but some die when injected under the skin or into the abdomen. However, this does not furnish positive evidence that they would not multiply in the body of man. For these reasons, waters containing these germs have not been positively condemned, though it has been advised in some cases that their use should be discontinued.

(4) Some of the toxicogenic germs found in drinking-water produce the same symptoms and the same post-mortem appearances in the above-mentioned animals as are observed after the employment of Eberth's germ. Moreover, their pathogenic (toxicogenic) properties, as tested upon these animals, are fully equal to those of Eberth's germ. They will not only live, but will multiply in the animal body. Waters containing these germs have in all cases been condemned.

(5) More than one germ obtained from drinking-water forms an invisible growth on potato.

(6) Several germs found in drinking-water will grow on the media prepared by Parietti, Uffellmann, and others, as means of recognition of the Eberth germ. About thirty of the germs found in these samples of drinking-water have been studied sufficiently to admit of their identification. Several of these differ from any which have been reported by other investigators.

THE Physician like an angel seems
When he in the sick-room brightly beams;
And like unto a god is he
When he's removed the malady.
But in a different light we view
The doctor when his bill is due;
Our alter'd eyes we at him level
As though he were the very devil.

—*Euricus Cordus.*

Homeopathy in Sydney.

Elsewhere in this number we have recognized indebtedness to the *Monthly Homœopathic Review* for our latest news of homœopathy in Belgium. In the *Review* for August 1, is the following concerning the interests of our school in another part of the world:

We learn from the *Sydney Morning Herald*, for which we are indebted to Dr. W. G. Watson, of Sydney, that on Friday, the 20th of May, "a large gathering took place at 133 Macquarie street, over which Sir William Windeyer presided, as a preliminary step to the establishment of a homœopathic dispensary in Sydney. Sir William Windeyer, in opening the proceedings, gave a short sketch of the earlier history of this movement, reminding his hearers of the part he had formerly taken in the effort at one time made to secure a ward in one of the Sydney hospitals for the treatment of poor patients upon homœopathic principles. This was asked, not as a concession, but as a right. The professors of homœopathy argue that when the taxes are used to support public institutions they are entitled to their fair share of the benefits to be derived therefrom. This, they assert, they do not get. When going to allopathic hospitals they are forced to accept a system of treatment obnoxious to them and in which they have no confidence. This proposition was favorably entertained by some of the ministers of the day and discussed in the House; after which discussion it was referred to the government medical advisers, allopathic, of course, and it is needless to say, was shelved, as the report upon the subject was, as might have been expected, adverse. Homœopathic practitioners have again and again challenged this kind of test of their claims, usually with a like result, and are therefore compelled to assert themselves by establishing independent hospitals, dispensaries and homes for the treatment of their cases. Sir William also pointed out the headway homœopathy has made in Melbourne, where there is a splendid hospital building, inferior to none of its kind in the southern hemisphere, which is constantly filled, and doing a great work. At the same time he predicted the day would come when Sydney would have an equally flourishing institution as the headquarters of homœopathy in the colony. The following resolution was moved by the Hon. L. F. Heydon, M. L. C., seconded by Dr. H. Payne Scott, and carried unanimously:—"That it is desirable that a homœopathic dispensary be established, to be called the Sydney Homœopathic Dispensary." A provisional committee, consisting of all the legally qualified homœopathic practitioners in Sydney, and the ladies and gentlemen present, with power to add to their number, was formed on the motion of Mr. Benjamin Backhouse, F. R. I. B. A., seconded by Dr. B. Simmons. Dr. Maffey will act temporarily as honorary secretary. Active steps are being taken to secure suitable premises in a central part of the city, and so bring the institution into working order without delay.

The Business of Examining for Insurance Companies.

The qualifications which the examiner for a life insurance company should possess, are discussed in an editorial in the *New York Medical Examiner* for May. He must be possessed of peculiar abilities, and in a large city where he is among competitors he must possess these in a high degree.

While some medical examiners have the unhappy faculty of driving business away, there are others whose very presence inspires confidence, so that there is no desire to appeal from their decision, whatever it may be. Even the agents accept what they say as final, notwithstanding the known persistency of these gentlemen and their dislike to lose a commission so long as there is any chance of securing it. Their method of handling a case is such that it is almost a pleasure to undergo the examination.

Among the unsuccessful examiners there are some whose manner of proceeding with the applicant is offensive to a degree; they irritate him and cause him to shut himself up within himself, so that it is very difficult to abstract more than a skeleton of a fact from him. In other words, these examiners fail to inspire by their confidential interest that confidence which leads the applicant to unburden himself to the examiner before he is awakened to a realization of the fact.

A successful examiner generally possesses the power of discerning certain attempts on the part of the applicant to obtain advantages not specified in the contract of insurance, and he frequently is able to circumvent any little game of this sort which the applicant may have conceived. In the same way that a legal turn of mind in the examiner is a valuable trait, so too, the physician who possesses

good business instincts and utilizes them to advantage, will succeed where his colleague who sticks closely to scientific lines will fail. He must not only be a good examiner, he must not only have all the knowledge and skill necessary to secure facts and draw proper conclusions, but he must have tact, business skill, and what is termed: "The faculty of doing the right thing at the right time." The medical examiner for life insurance should be a good business man as well as a good doctor, and take a business view of the desirability of accepting an applicant, as well as a medical one.—*Boston Medical and Surgical Journal.*

Sanitation a Protection of the Industrial Classes'

The recently terminated French Workmen's Sanitary Congress certainly occupies a new field, and has an important mission to fulfill. The rich who occupy comfortable homes and can supply all their reasonable physical wants, are altogether too oblivious of the deplorable hygienic state of most of the industrial classes.

We all know with what unequal conditions they struggle. They are exposed to the dangers of inclement weather in winter, and overheat in summer. They work in occupations which are destructive of health and dangerous to life. They are housed in tenements and districts which are laid out and constructed in utter disregard of the decencies and comforts of life and the preservation of health. They are exposed almost without the shadow of protection to the most fearful epidemics which visit humanity. They are entirely at the mercy of speculators in provisions, in regard to the most swindling and dangerous adulteration of their food supply. In addition to all this, their constant drudgery leaves them so little time or energy for study that they are necessarily ignorant of the fundamental principles of personal hygiene.

Now this is all wrong. How should it be righted?

1. Enlarge the health department of cities, and give them sufficient means and authority to keep the city constantly in the best sanitary condition, and to suppress contagious diseases.

2. Enact such laws as will effectually prevent rapacious landlords from crowding the poor together in unhygienic tenement districts, or erecting unsanitary dwellings in any district.

3. Enforce more strictly the laws in regard to the inspection of factories and the genera conditions of labor. Make proprietors finan. cially responsible for expenses and loss o time incurred in sickness by their employes due to their disregard of proper conditions o labor.

4. Where a pure and wholesome food supply cannot be secured, establish a public supply at actual cost until private dealers are willing to yield to the requirements and mend their ways.

5. Extend to the fathers and mothers of families every possible facility, by means of circulars, tracts and lecture classes, of becoming well-informed in regard to the principles of dwelling sanitation, diet and personal hygiene for themselves and their children.

The objection will be made by some that this is in the direction of an enlargement of public functions. Well, so be it. Who is opposed to our continuing in the line of social progress? Or who thinks that we have reached perfection in the organization of society?—*The Times and Register.*

Disposal of Refuse in American Cities.

The disposal of the refuse in cities, while it has been a problem in the sanitation of our larger towns, is yet to be solved. There is probably not a city of any size in the United States where the disposal of waste is satisfactory or conducted in such a manner as to meet the demands of cleanliness and hygiene. If there is a perfect plan adopted there are to be found defects in its execution which render ineffective the methods used. The report of Mr. Walter V. Hayt, general sanitary officer of the Chicago Board of Health, recently published, gives a summary of different cities as to their methods of "collection and disposal of garbage and refuse." From this we learn that in New York the garbage is collected by the city teams, loaded upon flat boats, removed to sea and dumped. The garbage is removed from Philadelphia by small contractors in a very unsatisfactory manner; some feed to hogs, others sell to farmers, and at times it is buried or accumulated on the ground awaiting slow decomposition. Cremation is recommended. In Brooklyn refuse is moved to the sea. Collections are made daily from hotels, from dwellings twice a week in winter and three times a week in summer. St. Louis collects its garbage and discharges it at certain dumps. It is not satisfactory, and cremation is also here recommended.

In all the cities cited the methods of disposal are not satisfactory in one. The method adopted or the service rendered is at fault. The lack of funds is responsible in some instances for the deficient work in the disposal of garbage. In the first place there is too much garbage produced, and in the next, that which must necessarily be produced is not properly cared for, and the problem, how best to dispose of the refuse of cities, is still unsolved. The fact is some garbage must be produced, and we do not believe that any method which does not look to the destruction of this garbage will be a success.—*Sanitary News.*

The Treatment of Hysteria.

In the days of Sydenham, hysteria, or "the vapors," was the most frequent of all chronic diseases, according to that eminent observer. At the present day it is perhaps less common relatively among women, but is more common, or at least oftener observed, among men. The conception of the nature of hysteria has undergone much change since the olden times, when it was thought to be a disorder primary of the womb. For many years it was taught that hysteria was a reflex trouble; then that it was a convulsive neurosis of a general or constitutional nature. These ideas have of late been much modified, and it is now quite generally agreed that hysteria is a disease of the mind, or a psychosis. The psychology of the condition has been well studied by Janet, Möbius and others. They note as characteristic phenomena, a limitation of the field of consciousness and a disorder of the association processes, as the result of which impressions received are not properly modified and adjusted to previously acquired knowledge. Hence, they become dominant and intense, and disturb the ordinary mental equilibrium.

The conception of hysteria as a psychosis has an important therapeutical bearing. It puts away the ground from those who would treat the disease as originating in the uterus, the stomach, the blood or the eyes. Dr. Paul Blocq, of La Salpêtrière, divides the treatment into the psychical, external, internal, and treatment of special conditions. The psychical treatment is naturally the most important. It consists essentially in isolation. This measure we are told is approved and taught by Charcot. Curiously enough no credit is given Weir Mitchell, and other American physicians, who originated and developed it long before Charcot and his pupils took it up. The other form of psychical treatment is hypnotism, to which Blocq wisely gives a cautious approval. It has value only in certain cases. The external measures advised are hydrotherapy, electricity and massage. The hydrotherapy is given daily in the form of a jet, or by the wet sheet and sponge bath. Franklinism is thought to be the most efficacious form of electricity, administered in the form of a bath. In some special types, however, Faradism does better. Massage is applied in all its various methods of effleurage, pétrissage, tapottement, etc. In general, pétrissage is useful in the convulsive forms, effleurage in those with contractures.

Little reliance is placed on medication for the psychosis itself. Naturally anæmia, dyspepsia, etc., may call for proper remedies. The bromides are of little value in hysteria, according to the French school, and Charcot even utilizes the drug in diagnosticating hysteria from epilepsy. American physicians do not find it so useless, partly, perhaps, because American hysteria is not of so purely a mental type. Bromide of camphor, valerian, and zinc are advised by Blocq in cases in which there is excessive nervousness and agitation. For the attacks, ether and bromide of ethyl may be used.

Dr. Blocq disturbs one very common belief among physicians, viz: that marriage is a good remedial measure for hysteria. It is, he says quite generally agreed that marriage does more harm than good to hysterical women, and it is not to be advised unless there be special reasons for it.—*New York Medical Record.*

Trephining for Epilepsy.

Dr. James S. Kennedy, of Chambersburg, Pennsylvania, writes as follows in the *Medical Bulletin* for July:—

On August 30th, 1891, S. B., a child, aged 6 years, was brought to me, and I was told that he had been a sufferer from epilepsy almost from birth. The first attack occurred when he was six weeks old. Having shaved the head and placed the patient under the influence of chloroform, ether, and alcohol, the cranium was carefully examined and a small depression was found on the parietal bone, near the junction with its fellow on the opposite side. The skin over this depression was dissected off by a V shaped incision, and the trephine applied. The bone was unusu-

ally thick on one side of the circle made by the instrument, and thinner on the other, making it a nice matter to cut through the inner table at the same time with all the teeth of the instrument. This was finally accomplished, and the circular piece of bone removed. The piece was very much roughened, and a spicular portion of bone projected in the substance of the brain itself. The wound thus made was flooded with antiseptics, dressed, and on visiting the little patient afterward I found him resting well, with a temperature of 100 degrees. The case continued doing well until the boy was able to go about.

This case was peculiar because the results were more than the most sanguine could have expected. The child could only mutter sounds, was paralyzed on the left side, and often had as many as thirteen convulsions a day.

Excepting one attack, twelve hours after the operation, the child has had no return to this date, nine months having elapsed. The paralysis is entirely gone, and the child now speaks as well as any boy of his age.

In this operation I had only expected to relieve the pressure and check the convulsions to some extent, but I had no idea of seeing the paralysis decrease or to have the sense of speech return. Now, to look at the child, no one by his manner or speech would ever believe that at one time he was an object of pity and aversion.

This is my second case of trephining for epilepsy,—both being successful,—and I honestly urge on my professional brethren the benefit derived from both operations, and believe many persons, who are now objects of pity and abhorrence to others, may, by this operation, be restored to perfect health and lead useful lives. I was assisted by Dr. George Hull and Medical Student Miley, of the Medico Chirurgical College of Philadelphia, Pa.

Arsenite of Copper in Cholera Infantum.

Dr. Ernest B. Sangree writes as follows in the *Times and Register* for July 9, 1892:

During the last year I have treated quite a number of cases of cholera infantum with the arsenite of copper, and so far have found no other medicament that yields such uniformly good results. As palatability, especially in children, is a great desideratum, the tastelessness of the strength ordinarily given, other things being equal, should be an important factor in its favor. I have on hand tablets *a a* gr. 1-60, and my plan is to order one of these dissolved in from three-fourths to one ordinary tumblerful of water. Of this solution one teaspoonful is to be given every fifteen minutes, half hour, or hour, according to the urgency of the symptoms. At the same time, of course, the surroundings are to be made as hygienic as possible. Strict orders are given that no food which has once been offered to the child and has stood some time, shall be offered again. A strong attempt is made to explain to the mother or nurse the importance of regularity in feeding, and to extract a promise to feed only at intervals of two or three hours. Where sterilizing or a sterilizer is out of the question, and cow's milk is given, either condensed milk or one of the standard infant foods is substituted until the child has gotten well. In spite of the fact that many of the cases alluded to were dispensary cases, where good hygiene was not to be had, excellent results were the rule.

Old School Methods and the Reputation of Drugs.

In the *British Medical Journal* of June 11, 1892, occurs a little paragraph which well exemplifies the fruitlessness of the old-school methods of studying drug-action. The usual course of things is this: Some practitioner "happens" to cure a number of cases of a particular disease with a certain drug. At once he writes to the journals and lauds it as a "specific." Then there is a general rush for the drug; everybody uses it for this disease—and of course everybody *doesn't* cure, and soon its reputation dies. The original recommender of the drug cured his cases because they happened to correspond to the sphere of the drug. But cases of any disease differ widely from other cases of the same disease, and require different treatment. Hence, of the course, treatment according to the name of the disease can never lead to any permanently useful result, and can never advance our knowledge of the materia medica.

The paragraph which has led us to make the above observations is the following:—

"Pilocarpin in Epilepsy.—Féré (*Sem. Med.*, May 18, 1892) says that he has long since given up using injections of nitrate of pilocarpin in epilepsy, as he found that, so far from preventing the attacks, *it appeared sometimes to bring them on.* One of his patients, who had not had a single attack for several months, had *four seizures in one day, almost immediately after an injection of the drug.*"

The italics are ours. This old-school observer, from a lack of knowledge of the law of similars, throws away a drug which, when properly and scientifically used, may prove most valuable, for the very reasons which will show a homœopathist its specific power. The drug has the power to provoke epileptic attacks; this leads an allopath to abandon it; but to a homœopath the observation explains the reason why it has cured some cases, and prophesies that it will cure others when its range has been properly defined.

It is the height of absurdity to expect one drug to cure all cases of a certain disease. We often hear people say, "What a blessing it would be if some one discovered a cure for cancer!" To which the reply is: Many cases of cancer are curable and have been cured, but there will never be a drug found that will cure *anybody's* cancer. Cancers differ, and the cures will have to differ also.—*Homœopathic World.*

A Homœopathic Crusade.

At the annual Hahnemann banquet, held on Friday last at Marguery's Restaurant, Dr. Jousset, who presided, spoke of a society for the propagation of homœopathy which has been recently established, and has for its object the increase of the number of homœopathic hospitals and dispensaries, encouragement of young doctors in commencing practice, and opening special pharmacies in localities where none exist, etc. "It is necessary," said he, "that this society be formed amongst our *clientèle*, because we are considered as sectarians and intruders. The schools and administrations are closed to us; the professors terrify students and prejudice them against our cause." He added, "In France nothing is sacred that is not official—and homœopathy is not official." Dr. Wright, of Chicago, gave some information concerning homœopathy in the United States. According to him, it is legally recognized in New York State, and students pass their examinations before seven allopathic and seven homœopathic doctors. He mentioned that there are more than 20,000 of the latter practitioners in America, against 350 in France. —*The Chemist and Druggist.*

If a piece of cotton wool alone, the size of a nut, is well saturated with glycerine and inserted as a suppository, in a short time a copious motion is produced.

OPINIONS EXPRESSED.

As in all cases of ophthalmia, the real cause of ophthalmia neonatorum is a germ.—*Dr. C. A. Veasey.*

The rapid increase of knowledge has made concentration in work a necessity; specialism is here, and here to stay.—*Dr. Wm. Osler.*

When a case is labeled "obscure," it is an indication of the practitioner's skill, or lack of it, rather than a guide to the nature of the case.—*Dr. C. E. Laning.*

Homœopathy is unchangeable, for it rests upon a double set of phenomena as persistent as the established constitution of terrestrial creation.—*Dr. Geo. B. Peck.*

There are three cases in this town who were the worst "rakes" I ever knew, that are completely cured of the drink habit by the "Keeley method."—*Dr. C. A. Hillweg.*

Letting all alcoholic drinks alone is a much more efficient prevention of drunkenness than the injection of a few drops of some specific into the arm here and there of a man already a drunkard.—*Dr. N. S. Davis.*

The tongue has been called a mirror, reflecting the various conditions of the digestive organs, the composition of the blood, the state of the secretions, and the condition of the nervous power.—*Dr. Geo. Duffield.*

Taking for granted that all believers in *similia* accept the single remedy and the least possible medicine necessary to effect a cure, there is still room for honest doubt in the practical decision of the dose.—*Dr. Wm. E. Leonard.*

One defect in the general teaching of colleges is that students are not taught, as they should be, as to what is *not* curable; for there is much that is incurable. There are many cases of disease or impairment which cannot be remedied by medicine.—*Dr. F. H. Orme.*

I would suggest and urge that sanitariums for teething children should be established along the sea-shore, in rural districts, and elevated regions, accessible to all classes, and supplied with all the necessary requisites of medical treatment and wholesome food. The benevolent endowed with ample means, could never do a greater or nobler work than the formation of sanitariums or retreats for teething children.—*Dr. Joseph Jones.*

THE MEDICAL ERA

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Ch. Gatchell, M.D., *Ann Arbor, Mich.*

ANNOUNCEMENTS.

Preliminary Announcement of the Southern Homœopathic Medical Association.

Dear Doctor:—The Ninth Annual Session of the Southern Homœopathic Medical Association will meet in Hot Springs, Arkansas, Nov. 22, 23 and 24, 1892.

This association has a work to do in the southern states for the cause of scientific medicine, and if you have not enlisted heretofore we most earnestly invite you to do so this year. Whether you are an old resident and practitioner or a stranger among us, we will do you good if you will let us get you by the hand. It will do you good to rub up against us, for our members are progressive and conservative—will give and take.

The chairmen of the different bureaux are busy soliciting papers on all topics pertaining to medicine and surgery, and a spirit of earnestness and friendly rivalry exists as to who shall present the most practical and hence the most valuable bureau. If you have anything good you wish to contribute please notify the chairman of the bureau to which the paper belongs, or the Corresponding Secretary, of the title of your article, then write it down in a *ten minute paper* and if you cannot possibly come yourself, send it on or before Nov. 15th.

In addition to the inducements the Association offers, is the opportunity to visit these famous Hot Springs which have won the title of "the Carlsbad of America," and of which you have doubtless heard many strange stories yet have a very imperfect idea and will not be prepared to believe the cures possible that you will see in progress here.

Blank applications for membership will be sent for yourself or your friends and it is hoped that each one will constitute a committee in behalf of a good attendance, good papers and active discussions.

Reduced rates will be offered by the railroads and the local committee have provided amply for you while you are a guest in the "Valley of Vapors." The local "Gun Club" extends a very earnest invitation to bring your gun and they will entertain you at "trap shooting" or lead the way to the woods and mountains for live game, during the intervals or after the close of the session.

The ladies will be entertained by a local committee and are most cordially invited to accompany the members and delegates.

Come, doctor, and teach us what you have learned, in exchange for what we have to teach you. We will toast you—not roast you—bathe you inside and out *with hot water*, and you shall vote it an all around general good time.

Finally, come and bring some one with you. Fraternally yours,

Wells Le Fevre, M. D., Cor. Sec'y.
Hot Springs, Ark.

Chairmen of Bureaux.—Materia medica: Dr. A. L. Monroe, Louisville, Ky. Clinical medicine: Dr. Henry Chandlee, Baltimore, Md. Surgery: Dr. S. B. Parsons, St. Louis, Mo. Orificial surgery: Dr. W. E. Green, Little Rock, Ark. Obstetrics: Dr. Clara C. Plimpton, Nashville, Tenn. Gynecology: Dr. W. C. Richardson, St. Louis, Mo. Paedology: Dr. T. H. Enloe, Nashville, Tenn. Ophthalmology: Dr. H. F. Fisher, Ft. Worth, Texas. Sanitary science: Dr. A. M. Duffield, Huntsville, Ala. Registration and statistics: Dr. E. Lippincott, Memphis.

Committee on Local Arrangements.—Dr. Chas. Dake, Chairman; Dr. W. E. Green, Dr. Wells Le Fevre, Dr. V. H. Hallman, Dr. J. B. Brooks, Dr. John Cressey.

Notice.

The third semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association will be held in the parlors of the Kelley house, Constantine, Michigan, Tuesday, September 13, 1892.

The meeting of the American Association of Orificial Surgeons takes place in Chicago on the afternoons and evenings of Sept. 14 & 15. For particulars, address C. M. Beebe, M.D., Secretary, 742 W. Adams street, Chicago.

The sixth annual class for private instruction in orificial surgery will be held in the amphitheatre of the Chicago Homœopathic Medical College, corner Wood and York streets, during the week beginning September 12. For particulars, address E. H. Pratt, M.D., Room 56, Central Music Hall, Chicago.

OBITUARY.

DR. WILLIAM ALLEN KALER, of Hyde Park, Chicago, died on the 21st of May, 1892, after an illness of but nine days. A few weeks before his fatal illness, he discovered in his own case some evidences of diabetes, and subjected himself to a rigid course of dieting. At this time he was, in the performance of his professional duties, exposed to a severe storm, and, taking cold, developed albuminuria. The progress of his disease was so rapid that, in spite of every effort to save him, he died in less than forty-eight hours.

Dr. Kaler was a physician of great promise. He studied medicine under a preceptor for two years at his home in Indiana, entered the Chicago Homœopathic Medical College in 1882, and graduated in 1885. He located in Mansfield, Ohio, but was soon called to Chicago as house physician to the college from which he had graduated. This position he occupied for seven months. He was then chosen resident physician at Joliet penitentiary, and this place he held for three years. In 1889 he settled in Hyde Park, Chicago; the field was a promising one, but a difficult one to fill. Dr. Kaler won the admiration of the people by his amiable disposition and gentlemanly deportment, and their confidence in his ability as a physician and surgeon by the skill which he displayed in the management of his cases. He was rapidly acquiring a fine practice. His sudden death was most startling to the community, as he had the appearance of one in robust health and reasonably sure of a long life. Dr. Kaler was 33 years old. He leaves a widow.

FOR SALE.

Gentry's great work, *The Concordance Repertory*, for sale. Half morocco, fresh from the publishers. Price, $30. Address F. C. Freeman, M.D., Redwood City, Cal.

BOOK NOTICES.

THE CLINICAL GUIDE, OR POCKET-REPERTORY FOR THE TREATMENT OF ACUTE AND CHRONIC DISEASES. By G. H. G. Jahr. Translated by Chas. J. Hempel, M. D. Second American revised and enlarged edition, with the addition of the *New Remedies*, by Samuel Lilienthal, M. D. Philadelphia: Hahnemann Publishing House. 1891.

To the earlier homœopathists few names were better known than was that of Jahr, and to us of to-day, Dr. Samuel Lilienthal has been personally known as an ever enthusiastic laborer for the advancement of our school. The first edition of this work has been long out of print and we are glad to have the work in this new edition available to students and practitioners. Being in cordial sympathy with the more advanced methods of studying and developing the materia medica pura, we believe that this work contains very much that will not bear the test of time. Still, much that it contains is exceedingly valuable, and we doubt not that the book will prove useful. The matter in it is so arranged that it is very convenient as a book of reference for the practitioner.

A PRIMER OF MATERIA MEDICA FOR PRACTITIONERS OF HOMŒOPATHY. By Dr. Timothy Field Allen. Philadelphia: Boericke and Tafel. 1892. Pp. 408.

It is three years (August, 1889) since the ERA took occasion to speak appreciatively of Dr. Allen's *Handbook of Materia Medica and Therapeutics*, then just published. We then intimated that the author had perhaps "been over cautious in pruning the pathogeneses, as hitherto recorded, of some drugs." The book now under review is largely the *Handbook* boiled down: we do not mean, however, that it contains nothing not to be found in the *Handbook*. This *Primer* is a valuable addition to the literature of materia medica.

THEY SAY

THAT contentment is a sort of moral laziness.

THAT pyelitis is not inflammation of the pylorus.

THAT tears of joy and of sadness come from the same fountain.

THAT there are twenty-four hundred physicians in Chicago.

THAT the even tenor of some men's ways is exceedingly base.

THAT rules for long life are like guide-boards to a deserted city.

THAT trusting to luck is another name for trusting to laziness.

THAT "the play's the thing," and a miserable thing it is sometimes.

THAT pride and shame are twins, though they do not look a bit alike.

THAT the conceited man has one admirer who will never go back on him.

THAT it is with the infinitely little that the infinitely great conquers us.

THAT it is a short step from comfort to luxury, but a long journey back again.

THAT solitude would be a happy refuge if you could leave your memory behind you.

THAT the best position is not to be so rich as to be envied or so poor as to be damned.

THAT there is a new barber in Chicago who advertises to cut your hair while you wait.

THAT the owner of a jewel never realizes its value till he tries to pawn it—and he doesn't then.

THAT the only way to convince a girl that men are not angels is to let her marry one of them.

THAT the electrical conductibility of a part is increased by increasing the amount of blood supply.

THAT your friends may not know much, but they know what they would do if they were in your place.

THAT we often laugh not because we think we ought to but because we think that we are expected to.

THAT you should never suggest alopecia to a syphilitic, or he will pull out half his hair to see if it is falling out.

THAT the man who goes to bed so late that he meets himself getting up in the morning is not an early riser.

THAT it is wrong to be inquisitive, but if it were not for inquisitive people you would miss lots of interesting gossip.

THAT you should never ask a syphilitic how the disease was acquired; the patient will either tell you unsolicited or will lie about it.

THAT humanity appears to be unequally divided between those who can't stand prosperity and those who can't get any to stand.

THAT a single bee, with all its industry, energy and innumerable journeys, will not collect more than a teaspoonful of honey in a year.

THAT you can fool all of the people some of the time and you can fool some of the people all of the time but you can't fool all of the people all of the time.

THAT the Chicago papers give an account of a woman whose heart was found to be on the right side—just as if woman's heart isn't always on the right side!

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

OL. X. CHICAGO, OCTOBER, 1892. No. 10.

CH. GATCHELL, M.D., EDITOR.

'ORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

In the spring of '93 Chicago will be the ne of the greatest gathering of physicians the homœopathic school that the world has er seen.

Thousands will come from all parts of the ıited States, while foreign countries will ıd many delegates.

Arrangements for the Congress are now so advanced as to make it possible to present ıny of the details to the profession for their ormation.

It must first be understood that this Con-ss of Homœopathic Physicians and Sur-ons is held under the auspices of the Gov-ıment of the United States, in connection th the World's Congress Auxiliary of the lumbian Exposition. The Government has ropriated funds to defray the expenses, and, further earnest of its concern in the matter, Department of State, at Washington, has tructed U. S. Consuls in all parts of the rld to extend to the homœopathic physi-ns of the various countries official invita-ns to be present.

The Congress will convene May 29, 1893, l remain in session one week.

At its recent meeting, in Washington, the ıerican Institute of Homœopathy resolved hold no regular meeting next year, except w short business sessions. The members the Institute will take part in the proceedings of the Congress as members of the latter body. The officers and bureaux of the Institute will hold over until the following year.

In Chicago, much has already been done in the matter of preparation. Not the least important measure is the securing of hotel accommodations for those who come to attend the Congress. The Great Northern Hotel, at the corner of Dearborn and Jackson streets, one of the largest and finest hotels in the city, has been secured for the week of May 29, 1893, for the exclusive accommodation of members of the Congress. The Great Northern is a new, fire-proof hotel, elegant in all its appointments, and possessing every modern improvement for the comfort and convenience of its guests. It will receive members of the Congress at no advance in price over regular rates.

The hall in which the sessions of the Congress will be held is one of the finest structures ever devoted to such purpose. It is now rapidly approaching completion. Its location in Chicago's famous Lake Front park, makes it easy of access. It is a large and handsome stone building, containing halls and committee rooms capable of accommodating the largest conventions.

The date at which the Congress is to be held is at a time of the year when it is usually easy for physicians to leave their business, while the weather in Chicago is generally the most delightful that prevails at any season.

Altogether there will be nothing lacking to make the Congress of '93 a grand success.

THE ASIATIC SCOURGE.

For the sixth time cholera has invaded this country. After having been held at quarantine for many days, it at last appeared in New York City.

In 1886 cholera was brought into New York harbor, but not a case occurred on land. That was the first time in history that America escaped when Europe suffered.

While there may be no widespread epidemic of cholera in America this fall, (of which we cannot yet be certain) it is almost too much to expect that we shall escape such visitation next year. Should it prevail in a virulent form in Europe a second season—as it has many times in the past—it will probably break through quarantine and become epidemic on this side of the Atlantic.

But this fact should cause little apprehension on the part of the public at large. It is less to be feared than the epidemic influenza that so recently swept over the land, counting its victims by thousands. The story of Hamburg will probably not be repeated in any American city. In whatever place it appears, it will probably be thoroughly confined and quickly suppressed. Only those who live under unsanitary conditions will suffer. Should the cholera invade Chicago, the probability is that physicians practicing in the better parts of the city will never see a case. In 1873 there was cholera in Chicago. There were but thirteen cases of the disease, and these were all confined to the stock-yards district. Should there be another visitation in 1893, it is likely that it will amount to little more than that of twenty years ago.

Meanwhile the people are becoming nervous. They are reading with avidity everything that they can get hold of on the subject of cholera, and of this class of literature the daily press offers them an abundant supply. The doctors who like to see their names in print, and who would not advertise in the public press for the world, are rushing into type with communications addressed "TO THE EDITOR:"—The papers are publishing all the "sure-cures" that ever were heard of, and people who know as little about medicine as a cat does about chemistry are gravely telling the public how to avoid the disease. SIR EDWIN ARNOLD is trying to throw light on this child of Asia by telling the people that "five drops of hydrochloric acid in a cup of tea" is a certain prophylactic. Others are recommending copper amulets—so that the skin may *absorb* the copper—and others still recommend "sulphuric acid lemonade."

Amidst all this jargon the skilled homœopathic physician continues the even tenor of his way, well assured that cuprum, camphor, veratrum and arsenicum will meet the indications for treatment of the disease, so far as medicine has power to control it, even as these same remedies did for HAHNEMANN more than sixty years ago.

Homœopathy will again have an opportunity to demonstrate its superiority over other methods of treatment, and the Philadelphia doctor who has offered a prize for an essay on its "ridiculousness," will find it in higher favor than ever.

The steamship company that is alone responsible for the introduction of the present scourge into New York cannot be too severely censured. Ship after ship, carrying the poorest class of immigrants, bearing the seeds of the disease, steamed into the bay, until the entire fleet was anchored in the narrows. The carelessness exhibited by this company, whose ships came from an infected port, is criminal in its nature, and the act should be visited by a penalty severe enough to prevent its repetition. But for the action of this one line of steamships, there would be no cholera in America today.

THE DOWNFALL OF COUNT MATTEI.

COUNT MATTEI and his famous "electro-homeopathic" remedies have met with a reverse. In January, 1891, MR. W. T. STEAD,

or of the *Review of Reviews*, visited the NT at Bologna, and became impressed with possibilities of the virtues of his system. STEAD'S attention was called to the sub- by the announcement that MRS. BOOTH, of GEN. BOOTH of the Salvation Army, "expressed the conviction that she would recovered from her cancer had she not ected the use of her remedies."

the pages of the *Review of Reviews*, editor called for a committee of medical to investigate the subject. Such com- ee was formed. It consisted of SIR MOR- MACKENZIE, LAWSON TAIT, DR. G. W. KINS, and other men of prominence in profession. After the death of SIR MOR- MACKENZIE, MR. REEVES served in his l.

ive cases of cancer were selected for treat- t. All of these cases were in the early e of the disease, and of a character claimed urable by COUNT MATTEI'S representa- . The patients were provided for in a ial ward of St. Saviour's Hospital, London, placed under the absolute control of the KENNEDY, who were COUNT MATTEI'S orized representatives.

year went by, and the committee made port. This is what it says:—

> Committee of Investigation of the so-called l cure for cancer, having consented to watch the ess of five cases of cancer under the treatment of gally qualified medical representatives of Count i, have now completed their work. The five have been under close observation during the l of one year. The following brief report sets the main facts:
>
> cancerous disease has steadily advanced in all e cases. In one chronic case the advance has slow, but perceptible; in three cases moderately while in the fifth, the progress of the disease een very rapid. * * * The commit- e unable to report that they have seen anything in the Mattei system, either in its methods or in sults, which tends to differentiate it favorably other so-called "cancer cures" which have in- ly been found in practice to fail, or that the i remedies are of any avail in the treatment of ous diseases.

us another "method" of cure is shown no method at all, and MATTEI'S "green icity" must be sent to join PLEASANTON'S glass" in the grave-yard of our thera- hopes.

OPINIONS EXPRESSED.

The health of the people is the first duty of the statesman.—*Benjamin Disraeli.*

The prophylaxis of tuberculosis begins before conception.—*Dr. S. Solis-Cohen.*

Genius is innate capacity of any kind above the average mental level.—*Prof. Huxley.*

I have yet to see a neurosis in which phosphoric acid in the urine is not diminished.—*—Dr. Clifford Mitchell.*

Women enter medicine not as a disturbing influence, as monsters, or those out of place, but in the line of human duty, an element in relieving pain, an aid in education, an influence for reform.—*Dr. Millie J. Chapman.*

Who can tell what will be the resultant angle of force in a polypharmic prescription? Multiplicity of combination is the mark of the bungler and ignoramus. Citrate of iron and strychnine is like hitching together an ox and a race horse.—*Dr. H. C. Wood.*

Science is a first-rate piece of furniture for a man's upper chamber if he has common sense on the ground floor; but if a man hasn't got plenty of good common sense, the more science he has the worse for the patient.—*Oliver Wendell Holmes.*

Beyond doubt the ranks of the profession are overcrowded; overcrowded beyond that of any other profession. It would seem as if, when a young man is good for nothing else, he is supposed to have an aptitude for physic. In other words, doctors are too often made by the process of "exclusion."—*Dr. Cyrus Edson.*

The history of medicine has shown that in the case of every important discovery or improvement there have been three stages. It is first received with incredulity, next with enthusiastic, unreasoning approval, and finally it is carefully studied and assigned its true place.—*Dr. A. H. Buckmaster.*

Our views concerning the manner in which wounds become infected with bacteria have greatly changed. The first idea was that wounds became infected in much the same way that beef broth was rendered putrid by entrance of micro-organisms, but the problem has since become much more complex.—*Dr. Wm. H. Welch.*

ORIGINAL ARTICLES.

THE PROPER USE OF TUBERCULIN IN THE TREATMENT OF PHTHISIS PULMONALIS.

By B. S. ARNULPHY, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.)

THE history of the rise and fall of Koch's lymph need not be written—at all events, not for the audience I have the pleasure of addressing here today. We all remember the exciting times when hundreds upon hundreds of earnest physicians undertook the Berlin pilgrimage and patiently waited week after week, eager to secure a few drops of the precious liquid. This was a little over a year ago. After the period of scarcity came the period of plenty. Everybody had some of Koch's lymph. For a time it was used lavishly, in the main with bad results. It was hoped for a time that failing to use the lymph for therapeutic purposes, it would at least remain as a crucial test for the diagnosis of obscure cases of tuberculosis. Even that had to be abandoned. So that nowadays the lymph is relegated to the things of the past. I have here a letter from a Chicago firm stating that they have been hunting high and low for a few drops of the lymph without success. The thing is no more on the market, not owing to any scarcity of supply, but to an utter lack of demand.

Now the question arises: Is this absolute discredit into which the lymph, or Tuberculin, has fallen entirely warranted and justifiable? I think not. It is the result of a violent reaction; extreme depression following upon extreme enthusiasm. In this case, as in most others, truth lies mid-way. *In medium statu virtus.*

A little *a priori* reasoning might have led to that conclusion. Tuberculin is a toxin; therefore, closely allied to the serpent venoms. We homœopaths have been using the latter powerful agents for the last fifty years at least, with admirable success. And this we have done by stomachal ingestion, in spite of the old medical prejudice according to which poisonous animal substances are decomposed in the stomach and neutralized by the gastric juice, being thereby deprived of all toxic or herapeutic action.

That this view is a flagrant error, even from an ordinary scientific standpoint, is shown by the extremely interesting experiments that are just being made by a few English physicians in India, with the result that poisonous action will follow stomachal ingestion of the venom.

No homœopath, however, needed that demonstration; we know that the process of dynamization goes beyond the merely chemical properties of drugs. Thus it is that thousands of cures have been effected in our school by various dilutions of Lachesis, Apis, Crotalus, Naja, and the like.

Why has not Tuberculin been given a fair chance to show what it could do, used in the attenuated doses familiar to us? Very likely because Koch emphatically pronounced that the drug had no effect whatever when taken into the stomach.

The only effort in the right direction that I know of, was reported by my eminent friend and colleague of the French Homœopathic Association, Dr. P. Jousset, in his excellent review *L'Art Medical* in some of last year's numbers. Dr. Jousset cites quite an array of cases in which Tuberculin has been used internally from the 6^{x} to the 12^{x} with an encouraging sum of success. But in most cases hypodermic injections of lymph, very much diluted, had been given, so that the doctor himself admits that it is pretty difficult to say from which method of administration the benefit was derived.

In September, 1891, I was called to see a case on which I resolved to try the virtues of the attenuated lymph by stomachal ingestion alone. The case was that of a young woman, a patient of Dr. E. M. Fuller, Fernwood, Ill. He summoned me to her bedside in hot haste, as the symptoms were grave and alarming. The subject had given evidence of some slight pulmonary trouble for the last six or seven months, in the way of dry cough, pain between the shoulders, slight loss of flesh, when one day her condition took on an acute turn and grew rapidly worse. When I saw her she was lying on a couch, weak, pallid and emaciated, coughing almost incessantly; the breathing was extremely hurried, the temperature was 105°; there had been profuse perspiration at night since the beginning of the attack, and the diarrhœa was very abundant.

I made a close examination of the lungs and found that the right lung exhibited a very obscure respiration; an ominous silence to encounter in concurrence with such pronounced clinical symptoms; still no particular dullness

sted over that lung. No rapid effusion to ount for that suppressed breathing. Over opposite lung the picture was very differ-

All sorts of moist râles were audible, n the apex, where a few moist crackles were arent, surrounded by a zone of sub-crepi- t râles, to the middle portion and clear to base, where bronchial bubbling râles of sizes chased each other hurriedly, owing to lively rate of the respiration.

There was a case of acute tuberculosis, if r there was one, and the blackest possible gnosis stared us in the face. The doctor no hope whatever, and I did not feel any ater assurance.

t was under these circumstances that I ad- ed the use of Tuberculin. The 6x was given the following way: Two grains of the uration in one-half glass of water, one tea- onful every one-half hour. The action of remedy was magical; from the first doses cough abated, the breathing began to ulate itself, and in the course of a few days, only had all danger been averted, but the ient was fairly comfortable. Two weeks l hardly elapsed before she came all the y down to my office, and shortly afterward left for Helena, Montana, to spend the ance of the winter.

confess this is the most wonderful reme- l action I have seen yet in my whole prac- , as I never knew of any such case to re- er.

Encouraged by success I tried the remedy several cases in my dispensary service at Hahnemann Hospital, and I must confess h indifferent success, on the whole, until e No. 19,563 came up for treatment. I ll relate the case from the record book.

November 14, 1891. Ada M., age 17, was en sick with the grippe about four weeks , and developed a severe cough and a pro- e expectoration of a greenish, yellowish tum. The chest feels sore and constricted. e complains of profuse night sweats and ls very weak. Her appetite is very poor, l whatever food she takes is retained with iculty. The bowels are inclined to consti- ion. She complains of dizziness, and oc- ionally she has fainting spells. The men- ual period was due about the time she took k, but did not appear; she thinks it was pressed from her having been chilled. She s she has had fever right along, and has t considerable flesh.

On percussion I find some dullness over the right infra-clavicular region. Auscultation reveals a very deficient, hesitating respiration over both apices, the right one especially; a number of small sibilant râles can be heard on forced inspiration, as well as a few clicking râles. All these signs are strictly limited to the summits, perceptible in front and behind. The balance of the lungs is clear of râles. There was a clear-cut case of acute specific catarrh of the apices, which threatened to invade the parenchymatous tissues and play havoc with them. The situation was made worse by the fact that the period had been suppressed and by the family history, the mother of the patient having died of consumption when the child was only a few weeks old. Tuberculin 8x was prescribed, two grains in one-half glass of water, one teaspoonful every two hours.

The girl reported regularly, and we could notice how the improvement set in immediately and continued until perfect recovery was attained. She was successively examined by various sub-classes and proved to be quite an interesting subject.

Dec. 19, 1891, all the râles had disappeared; all that could be perceived was a slight degree of prolonged expiration. There was still some little dullness over the right apex. The temperature had fallen to 99°, when it had previously run to 104° and above. At that stage Tuberculin was stopped and Calcarea phosphorica 30x prescribed instead, with a view to restore nutrition.

On Feb. 20, 1892, the patient's step-mother reported that she was plump and happy again.

The third case is derived from my private practice. The sufferer was a young man 23 years old, with a suspicious family history, who came down early last March with what appeared to be symptoms of the grippe. The disease, however, rapidly took on a more serious turn, with so much of the typhoid garb about it, that an error of diagnosis would have been pardonable. Nothing was wanting, neither the early epistaxis, nor the prostration, the rising temperature, the large spleen, the diarrhœa, not even a few dark spots on the chest and abdomen. But the peculiar dyspnœa that had set in could not escape my attention, and a close examination of the lungs revealed the true state of things. Here again I was confronted by that ominous silence of one side of the chest, the opposite side breathing loudly and hurriedly, with a variety of moist and dry râles. No dullness on percussion any-

where. There was no time to be lost. Tuberculin 8x was given steadily for two weeks, at the end of which all danger had disappeared. The dyspnœa gave way first; there had never been any cough, strange to say. Then the fever and diarrhœa began to let up. Slowly the breathing murmur became perceptible again in the silent lung. Then an abundant expectoration set in which cleared up the other lung, the appetite and strength rapidly returning in the meanwhile. Calcarea phosphorica 30x completed the recovery.

I have tried Tuberculin in a number of other cases of chronic tuberculosis with very indifferent results, both in my hospital and private practice.

Therefore, judging from the remarkable success achieved in the three foregoing cases, in which the prognosis was extremely bad, not to say fatal, except perhaps for case No. 2, I am justified in saying that the proper field of activity for Tuberculin is acute tuberculosis —precisely those cases which Koch and his followers persistently, and from their standpoint, consistently refused to treat with the lymph, on account of the terrible reaction which they dreaded.

All that is required in order to avert all danger is to treat Tuberculin as any other active substance of our pharmacopœia, and submit it to the process of systematic attenuation.

I have used the process of trituration preferably to that of dilution, hoping the preparation would thus retain its properties for a longer time. But I have reason to believe that it will undergo some kind of alteration after a few months. It is therefore advisable to trust only to a freshly made trituration.

It is assuredly to be deplored that no thorough proving of this interesting substance has yet been made, but in the meanwhile, if your further experience with Tuberculin, whenever you encounter that hopeless form of tuberculosis, bears out my assertions, Koch's discovery shall not have been in vain, and some credit will redound to our school.

The crying fault of Americans has been that their anxiety to rush into print has prevented them from allowing sufficient time to elapse after operations to record their ultimate results. This damaging criticism has been urged against us by foreign surgeons and has greatly detracted from the value of our work.—*Dr. A. H. Buckmaster.*

THE EFFECTS OF GELSEMIUM IN QU ING NERVOUSNESS IN PARTURITIO

By I. K. EBERLE, M.D.

[Read before the Illinois Homœopathic Medical Assoc Chicago, May, 1892.]

EVERY dose of medicine we administ the sick, verifying the law, *si similibus curantur*, should interest e lover of homœopathy. The person studies this system of medicine closely, for two or three terms listens to able teac explaining its doctrines, goes forth with assurance that when they administer similar, disease will yield at once, as a nat consequence.

But, on the other hand, take one educ (as some of us have been) "after the m straitest sect," and according to the pe manner of the law, of allopathy, and practi it for ten or fifteen years, then cast aside old case with its heroic doses, and fill new case with nothing lower than the th decimal, and goes forth to cure the sick w parched lips, burning fever and every m in their body racked with pain.

With these small doses to relieve such cas we feel as if we were walking by faith, longer by sight; and then let our first c have these clinical symptoms: Excruciati jerking pain in the right temple and cri throbbing in the brain; restless, weeping a moaning and pleading for relief.

All our allopathic training, of opiates large doses, comes rushing through our m but we brush them to one side and drop two drops of belladonna 3x into a c water, administer it. In three minutes and sobbing subside, in five, patient in a sleep, cured, and remained cured for fi years—the rest of her life. Now, here case that had existed off and on for ten y and in vain allopathy had tried to cur With such brilliant cures as these at ou set in homœopathy, we are so thrilled wi at its superiority over all other treatment we cannot keep from saying, "Oh, Lor crease our faith." Such are the brilliant experienced by us all when we follow c the law taught by Hahnemann.

With this introduction I now come to text: the effect of Gelsemium in quieting vousness in parturition.

CASE 1. Mrs. E., aged 28, in her third finement, living seven miles in the co who had been thirty-six hours in labor the care of a young allopathist, who had to the conclusion that it was a case

forceps would have to be used. While at her bedside I learned from her the frequency and strength of her pains, and by sense of touch found the presentation vertex in the right posterior occipito-iliac. The womb dilated the size of a dollar, and the head passing under the pubes. I advised time and patience and all would be well. I heard the patient say to her aunt, who came near her bed, "Oh! don't touch me." I at once thought, here is a case for Gelsemium, and after thinking it over, I administered two drops of the third decimal to her in a sup of water. Inside of ten minutes the nervousness disappeared, the change was visible to those standing by, pains came more frequently and stronger, and in less than two hours she was delivered of a boy.

CASE 2. Sept. 30, 1891, I was called into the same neighborhood to confine Mrs. W., aged 30, with her third child. She had been in labor some three hours. I found her very nervous, owing to a shock caused by an earthquake a short time previous, that we had experienced. By the sense of touch I found the vertex presenting in the right posterior occipito-iliac, os dilated the size of a quarter of a dollar, pains every ten minutes. To quiet he rnerves I gave the 2x of Gelsemium and took my seat in an adjoining room, where the husband informed me that her labors were always very tedious, and I could have a night's sleep if I wished. I preferred not, and sat chatting with him about one half hour, when I heard my patient give one of those cries that attend the last pain in labor. I was soon at her side and received a female child.

CASE 3. February 30, 1892. Mrs. N., in her second labor (I had been with her in her first). When I got there she had been in labor some two hours, and was so nervous I could not compose her mind by talking to her, so different to what she was with her first labor. On examination I found the head passing through the superior strait, right vertex presentation. I administered a dose of Gelsemium, and she calmed down; her whole labor changed and in one hour she was delivered of a boy.

The first point with this medicine in these cases I wish to mention is, how quickly and how effectually it removes the nervousness in the parturient woman. Secondly, was it the effect of the Gelsemium in the second case that hastened the labor when her two former labors were so tedious? Thirdly, these daily results ought to stimulate each of us to study well our materia medica.

THE USE OF THE FARADIC CURRENT IN PAIN.

BY E. S. BAILEY, M.D.
CHICAGO, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

IN modern methods, with modern electrodes, and the accumulated experiences of years of careful observation and as careful practice, there is no good and sufficient reason why in a gynecological practice, at least, this current should not have a legitimate use as an electro-therapeutic agent.

Its use in pain, if rightly applied, is sedative. I have tried it often enough to believe it almost universally true that pelvic pain can be assuaged by the Faradic current. I need scarcely differentiate as to what diseases may be present for relief of which this current should be applied, for the rule is rather a universal one, and applies to all. It is the common factor of pain, incident to nerve and circulatory disturbances in which the current is useful.

The rules for administration are not simple, nor will a hap-hazard administration be attended with entirely satisfactory results. A celebrated manufacturer of batteries for physicians' use, not long before his untimely death, told me that even in the hands of physicians, the battery had done more harm than good. Accepting the statement with something of surprise as coming from him especially, I asked for the reason, and received it in this—total disregard of idiosyncrasy in administration, and positive indifference in handling a powerful agent. If it requires expertness to prescribe the single remedy, and skill to select according to shades of provings, the only remedy, I hold that it requires the same acuteness of observation, as skill in dosage, to treat with the Faradic current.

Why is it that some patients are only relieved, while some others are cured of pelvic pains, by the use of the Faradic electro-therapeutics?

Is it wise to say that in a given case I should administer the current *exactly* as I did in the case that was similar in another patient?

Are there any two cases in gynecology that are exactly alike?

Is not a routine treatment rather unsatisfactory in results as compared with that more difficult method of individualizing in each case? If it is so in drug administration, when potentialities are considered, how much more would it seem to be necessary in electro-thera-

peutics, where the potential is entirely left to the wisdom of the operator.

I have seen the current in practice relieve intense pain so that in a few moments the pain-tossed patient would become restful and sleepy; and I have also seen hours of pain induced by the false methods of application of this current.

Wherein lies the difficulty of adaptation? It is in a failure to observe the principle of application that makes it so unsuccessful. Operators assume the prerogative of administering as they choose, regardless of the feelings of the patient.

The thermometer and barometer are accurate and delicate instruments and do their work marvelously.

The human system, when under the influence of disease, especially, is delicately balanced and gives evidences in trifles and in many ways of its deviation from health.

The Faradic current reflects to the observing eye of the operator or to the sensitive nerves of the patient, some evidence of the actual condition of the patient in reference to the current.

I am unalterably of the opinion that the mild Faradic currents are the curative ones, and that to arrive at any degree of success in treating with this agent the administration of the current must always be kept within a limit of producing any pain during its administration.

It is necessary to avoid shock.

Polarity may influence some cases materially, hence the pole changer should be used in the earlier treatment of the case to find out idiosyncrasies. Short seances are better than long, in my opinion, and that in a majority of cases, they are not to be repeated often, save as the element of continued pain suggests it.

In the first sentence I spoke of this current being palliative and calculated to relieve pain. In my last, let me say that I believe the Faradic current capable of curing pain—acute or chronic. It will not always—but what agent will? It is not mystical or fantastic, it is simply a fact that it does. Lest the question of begging a case without evidence be offered, let me select one case as illustrative.

Miss X., age twenty-seven years, became pregnant eight years ago and at the third month of gestation persuaded her physician to induce an abortion. The circumstances surrounding the case made it necessary for the girl to go through her trial entirely alone. The fœtus came away, but concerning the placenta she has always been in doubt, and for the past four years she has suffered greatly from menorrhagia and metrorrhagia. It was patent that she had endometritis, from causes pertaining to the abortion. For two years three times a week she visited her physician and received local treatment, with the relief somewhat of uterine hemorrhages. She experienced a very severe neuralgia, left side. Consulting a specialist, she was given the opinion that nothing short of laparatomy and ovariotomy would be of any assistance whatever, and went so far as to assign a date and place and hour for the operation, even before the patient had consented or had a chance to think of such a radical procedure. Being unwilling to decide without further investigation, she happened to appeal to a former patient of mine, who suggested the trial of electricity. Rather than to complicate matters in the recital of her clinical history she avoided the telling me of having had two years of local treatment, or that she was contemplating a surgical operation for her cure.

I administered three applications of the positive intro-uterine galvanic of high intensities, that now for five months has entirely corrected the metrorrhagia; but it did not correct the ovarian pain.

I then administered the Faradic current, placing the tip end of a metallic electrode at the external os utrix and a large sponge over the abdomen, left ovarian regions and gave ten minute currents at just the point of feeling the current, leaving the patient at each seance feeling relieved of pain, and after eight treatments the pain has never returned, now for over four months. I have this patient's consent to refer to her case.

3034 Michigan Avenue.

NEGLECTED CONDITIONS OF THE NOSE AND THROAT.

By O. S. Bamber, M.D.
Rochester, N.Y.

[Read before the Western New York Homœopathic Medical Society, April 5, 1892.]

It is a fact to be lamented that very few general practitioners ever received practical instruction during their college career in regard to the nose and naso-pharnyx.

Now, I submit that though a student may be benefited by a lecture on typhoid fever without having a case before him, it does not follow that he will receive the same benefit from a lecture on nasal polypus, hypertrophy

the turbinated bones or tumor of the vocal rds. Such a lecture must be illustrated by inical material or the student will not be le to recognize either of these conditions.

It is one thing to tell how to use the nasal eculum and rhinoscope, and another thing tirely to do it, and even when you know w to use them it is difficult to recognize ny of the pathological conditions.

The oculist and aurist has always devoted re or less attention to the throat because of relations to the ear, but not until lately y to the nose, unless it was to pass a probe ough the lachrymal canal and nasal duct, l I find that in most of the cities the nose l throat work is controlled almost entirely old-school specialists. This should not be, they rely almost exclusively on escharotics, ingents and the like; we must not think t we should do likewise. I have found t the homœopathic remedy exhibited in junction with surgical measures acts more ckly and effectively than either alone. e public are being educated by the old-ool specialists that it does not matter to ch school they belong, that the treatment lentical, just the same as an oculist of either ool would prescribe the same glasses (both ig of equal education). Another phase of

The general practitioner when asked n't you give me something for the catarrh" its a few subjective symptoms and pre-bes without thinking of the far more im-ant objective ones which an examination of nose and throat will almost always reveal. r a few such prescriptions the patient usu-gives it up and the doctor is glad of it, y are so unsatisfactory to treat, you know." he next thing you hear of the case is that e friend has persuaded them to go and see old-school nose and throat specialist, and und a polypus or deflected septum or ade-growth or hypertrophied turbinates. n you wonder (if you are a man) why the e you never thought to look up their nose, u would at least have had the credit of vering the cause even if not prepared to ve it.

ere is another class of cases that comes un-his head, those of chronic headaches. If e subject you have probably exhausted the ia medica, circumcised, divulsed the cters, prescribed glasses and finally given ; if a female you have done all that, up all tears one-sixteenth of an inch in cervix and perineum, punched her uterus and ovaries until they are sore, with the same result as in the male. Then one or both of these deluded people (so you think) consult a rhinologist as the last resort, with the most happy results, for the present at least.

This time you have to double your subscription to the church and attend three Sundays in succession to atone for the bad words you say (if you are a man).

Suppose you had examined those noses and found something you did not recognize; you could then have recommended some specialist of your own school to them, who would have exhibited the homœopathic remedy in conjunction with the surgical procedures, and, with credit to yourself, saved them a long and tedious experience with local applications unsupported by the proper remedy. They are so much relieved, however, that should the trouble recur, as it does very frequently after old-school treatment, they would go through the whole thing again. A professor in one of our medical colleges recently made the statement that "one-half of the people having symptoms of nasal catarrh have nasal polypus," also that it was his belief that "four-fifths of all cases of asthma exist as reflex conditions from nasal troubles," and "that they can be cured by treating the nose," and again that "many cases of nocturnal enuresis have been cured by treating existing nasal abnormalities." Many chronic sore throats that have resisted the exhibition of almost the entire materia medica are relieved at once and forever by recognizing and correcting a co-existing nasal trouble.

At the last meeting of the N. Y. State Homœopathic Medical Society a motion was carried to change the name of the Bureau of Laryngology so that it would include Rhinology.

Members of this society, the nose is evidently, in street parlance, "looking up," and it is worth your while to look up it.

75 ROWE STREET.

HYGIENE.

BY C. W. HAZELTON, M.D.,
MORRISON, ILLINOIS.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

HYGIENE is that department of medicine which has for its direct object the preservation of health, or the prevention of disease, the study of the sanitary relations of man with the exterior world, and of the means to

make these relations contribute to the viability of the individual, and of the species.

In a large proportion of the cases that come under the care of the physician it is necessary to pay attention to those circumstances which affect the general health of the patient, and to lay down rules for his guidance in matters that belong especially to the province of hygiene.

Indeed, it often happens that the only remedial measures which he feels called upon to prescribe consist of a change from bad to good habits of life, from an unhealthy locality to a healthy one, from intense application to study or business to repose of mind and complete change of scene and occupation.

In a certain class of cases, again, change of climate is the appropriate remedy, and a suitable locality has to be chosen. With the regulation of the habits and residence of their patients the hygienic duties of the larger number of medical men terminate; but there are those of a larger and more comprehensive character, in the right performance of which many medical men are directly interested, as officers of health in communities, and of public institutions, while often great interests devolve upon the acts of such officers.

Lately a city of Wisconsin has been thrown into an uproar by the injudicious acts of its health officer, and its business greatly injured.

The saddest pages in the history of all nations are those that treat of the wholesale sacrifice of human life through ignorance, or neglect of the simplest means of preserving health and averting disease.

The hygienist does not seek to lengthen out the days of age and decrepitude. His art is not to prolong life beyond its natural term, though this may come subordinately, but to prolong its period of activity and utility. Most bodily habits need restraining. Individual health is attained by self-denial; habits imply self-indulgence. The appetites and passions should be rigidly kept under control by an intelligent judgment, and where the reverse is true disaster and ruin follow. The alarming prevalence of sensuality, and indulgence of the appetites and passions at the present day are well known.

This bureau covers so large a field that only allusions to a few prominent evils can be here made.

The adulteration of food affects us all directly. The only way this great and growing evil can be effectually checked is by communicating to the people in every possible way the most ample and exact information concerning it, as to the kinds of food usually tampered with and the evil effects therefrom.

The object of those who use adulterations is to artfully conceal their dishonest work, and generally the most expert skill is required to detect the foreign or deleterious substance.

Adulterations may consist of some cheap but wholesome ingredient with the pure article for the purpose of underselling, and increasing profits; or of those injurious to health, as the use of drugs and chemicals for the purpose of changing the appearance or character of the pure article.

A Chicago paper has stated that "The arrangements by means of which pure and wholesome food is supplied to a great city are worthy of far more attention than the subject generally receives. Especially is this true of Chicago. Chicago by her negligence in establishing meat, fruit and vegetable markets is decades behind almost all the large cities of the world. The lack of city markets would make adequate inspection of articles of food offered for sale exceedingly difficult and expensive even if such a thing were attempted.

"As matters are at present she has absolutely no inspection of a greater part of her food supplies, or at least, but partial and fitful inspection of certain products.

"The need of proper milk inspection in Chicago, in particular, has been repeatedly shown by the press, but in this, as in other matters, the lack of an efficient corporate system in distributing food supplies is felt."

Tuberculous milk is sold in large cities far more extensively than the customers realize, and the worst is that ordinary sterilization does not to any great extent remedy this condition. Reports from dairy commissions show that instances of cows infected with tuberculosis are numerous.

Alcoholism is a tremendous evil which is here in order. Every physician owes it to humanity to do all in his power to rid it of this scourge. I here affirm that no physician can consistently lend any encouragement or influence to the use of alcoholic drinks, much less ever habitually use them himself. Whose public sentiment gives us the saloon? It is the outcome of a deliberate choice based upon motives wholly selfish, in the man who drinks, in the man who sells, and the other man in business, political or professional, who does

wish the ill-will of the man who drinks
l sells.
Then there is that other habit of needless
-indulgence, the use of tobacco, so popular
t a man dare not attack it, nearly every
r of which claims to regret the habit, which
s on doing its deadly work upon the heart
l system.
Remarkable to say, this habit too frequently
ompanies the other of alcoholic drink.
The opium and morphine habit should not
ape notice. Probably every physician pres-
has been called upon to treat it, and what
ruly lamentable is, as Rane says, this habit
in thousands of cases been brought about
the criminal ignorance and recklessness of
ysicians.
The *Union Signal* says "Worth discounte-
ices the demi-train, and makes short street
ns for his customers. The Supreme
itary Board of Hungary has taken to sur-
y, and operates on "Street Sweepers," de-
ing skirt cutting a necessity for public
lth; that the trailing dresses of women
her up, and distribute in the home the
ms of tuberculosis, diphtheria and other
ases."
Drainage will be passed over here.
Ventilation will receive only a few words.
e practical points to be secured in regard
penings are to place them so as to produce
most perfect diffusion of fresh air, without
sible draughts, and to have the places of
ess above as far away from the inlets as
sible.
f there are large openings of escape and
icious inlets a strong current would be
blished with imperfect diffusion. The
distribution is effected where the inlets
outlets are numerous, giving rise to many
moderate currents.
Many public buildings, as churches, school-
ses, etc., have the most imperfect provis-
for ventilation.

To fasten glass letters, figures, etc., on
s (show windows) so that, even when sub-
ged in water for several days, they will
become detached, use an India rubber
ent. The best for this purpose consists of
rt india rubber, 3 parts of mastic, and 50
s of chloroform. Let stand for several
at a low temperature to dissolve the ce-
t. It must be applied very rapidly, as it
mes thick very soon.—*Sci. Amer.*

SELECTIONS.

Veratrum Viride in the Treatment of Lumbago.

The medicines from which I have seen the greatest good in the treatment of lumbago have been Aconite, Arsenicum, Belladonna, and Veratrum viride, in the 1x to 6x attenuations; the higher have for the most part failed me. The clinical indications for these remedies are mainly neurotic, and with exception of the last are old and well known to you, so that I now pass them over, and briefly refer to Veratrum viride; this has been prescribed with great benefit, in conditions bordering upon, or even constituting, actual inflammation of the nerve or its sheath, rather than a *neuralgia* in the strict sense of the term. The exciting cause has generally been pressure from a hard seat, or from shampooing, and where Arnica has been indicated, and used without avail; the pains as a rule were very severe, constant and of a burning character, and slightly relieved by rest and warmth; in addition to the local symptoms, there was much arterial excitement, with a pulse as quick, but at the same time more thin, hard and wiry, than either of the other medicines named, and characteristic of, and this peculiar pulse of Veratrum viride is a symptom which largely dominates or leads to my selection of the drug, from the fact that in many other inflammatory cases I have moreover found it characteristic, leading to the cure, and as a rule the 1x dilution in drop doses has been most beneficial.—*Dr. A. C. Clifton.*

A Severe Case of Croup—Belladonna.

I was called at 11 P. M., April 24, to see a child æt. 3 years, who was suffering from a severe attack of croup. The breathing was labored, the voice hoarse, the cough dry and metallic; at times it seemed as though the child would suffocate.

The parents had given aconite and spongia during the afternoon and forepart of the night, without benefit. I prescribed bromine, and applied cloths wrung out of hot water, to the throat. In half an hour the child seemed better, and I left the house at 1 o'clock A. M. I was called at nine the next morning, and found the child much the same as when I left it the night before, but with a seeming tendency to grow worse. I told the parents that I considered the case serious, and that I thought

that the way it was continuing, before night I would have to perform tracheotomy. At 2 P. M. I was hastily summoned on account of a rapid aggravation of the symptoms. When I arrived, I found the child struggling for breath (the breathing was whistling), and very restless, irritable, face flushed, eyes congested; so marked were the indications for belladonna that I determined to try it for a short time before resorting to operative procedures. Fifteen drops of the third dilution was added to a half glass of water and one teaspoonful given every five minutes. The symptoms soon began to improve, and within half an hour the child was perceptibly better. The improvement continued unabated, and by morning, when I made my visit, I found her sitting up eating breakfast.

The remedies that I have found most serviceable in croup, are, aconite, spongia, bromine, hepar sulph., kali bichrom, and belladonna; useful in about the order named. Aconite and spongia will, in a great majority of the cases, answer, and bromine will relieve a large percentage of the balance, so there are but few cases left to the other remedies. Finding the preparation of bromine very unstable, I was induced in a very severe case, where the drug was indicated, to substitute the bromide of potash; it acted so promptly and efficaciously, that I have ever after carried the crude powder in my case. I dissolve from three to five grains, according to the age of the patient, in a half glass of water and administer one teaspoonful every ten, twenty or thirty minutes; according to symptoms. It fits the indications for bromine, and clinically fills all the requirements of that drug and has the advantage of being stable and always accessible.—*Dr. W. E. Green, in So. Jour. Homoeopathy.*

How to Give a Fomentation.

Doubtless every physician knows how to apply a fomentation, yet the following suggestions may be of value to some one: A flannel cloth may be folded, wrung out of hot water, and applied directly to the skin; nevertheless, it is much better, after wringing out the flannel as dry as desired, to fold it in a dry flannel cloth of one or two thicknesses before applying it to the patient. A little time is required for the heat of the fomentation to penetrate the dry flannel, and thus the skin is allowed an opportunity to acquire tolerance for the heat, and a greater degree of temperature can be borne than if the moist cloth is brought directly in contact with the surface. The dry fold of dry flannel will also serve to keep the cloth warm by preventing evaporation.

A fomentation is sometimes needed when no hot water is at hand. It is not necessary to wait for water to be heated in the usual way. Soak the flannel in cold water, wring as dry as desired, fold in a newspaper, and lay upon the stove or wrap it about the steam pipe. In a few minutes it will be as warm as the patient can bear. The paper keeps the pipe from becoming moistened by the flannel, and at the same time prevents the flannel from being soiled by contact with the pipe.

Fomentations thoroughly applied will relieve most of the local pains for which liniments, lotions and poultices are generally applied, and are greatly to be preferred to these remedies, since they are cleaner, and act by nature more effectually in restoring the injured parts to a sound condition.—*Jour. Biology.*

After-Treatment of Normal Midwifery Cases.

I believe the external genitals should be cleansed with a mild antiseptic lotion on pledgets of absorbent cotton, immediately following delivery, and at least twice a day afterward, the vulva, in the interval, being covered by an aseptic pad.

I believe the vaginal douche should not be employed in normal childbed until after the lochia alba have become established, when the abrasions of the vaginal mucous membrane will probably be healed, and the danger of infections by means of the douche nozzle, fingers, etc., practically *nil*. The lochia alba are usually established about the eighth post-partum.

I believe that at this time, while the vaginal douche is not absolutely necessary, it is comforting and grateful to the patient, as has been pointed out by Pinard, and undoubtedly exerts an influence in promoting normal uterine and vaginal involution.

I believe slop diet, following delivery, is both unreasonable and pernicious in its effects upon the mother, while easily digested food, and (after the bowels are moved) "full diet," assist her in rapidly regaining strength and produces better breast milk for the child.

I believe the obstetric binder is of great service in affording comfort and furnishing support to the relaxed abdominal walls, with

istens their involution and prevents pendu- s abdomen.

I believe, as careful investigation has shown, at uterine involution is not wholly com- eted until the end of the second month. he lying-in woman should be kept in the re- mbent position for the first four weeks post- rtum.

I believe the practical application of this eed would result in fewer cases of subinvolu- on, and the host of minor local ills from hich so many of our American women suf- :.—*Dr. Manton, in Phys. & Surg.*

Acute Gonorrhœa in Women.

On the strength of Apostoli's and Laguer- re's investigations on the virtues of the pos- ve pole as a destroyer of microbes, Proc- wnik treated ten cases of gonorrhœa in the nale with the constant current. In four ses of acute gonorrhœa, a complete cure sulted; in two other cases, also of acute norrhœa, but in which chronic gonorr- ea, with its sequelæ of chronic perimetritis, ., had existed prior to the fresh attack, marked improvement was obtained in e and a subjective improvement in the er.

The cure in these cases followed in a sur- singly short time; the gonococci were ab- t after the fourth application, and all the rbid phenomena disappeared after the ninth plication. The positive pole was carried the uterus and a current strength of 120 liampères was used for from eight to ten utes. The necessary precautions are, cleans- of the vagina and vulva and the non-em- yment of any instruments. The electrode uld be passed along the index finger in the ina to the os and introduced into the rus and carried to the fundus. The author le several attempts to treat gonorrhœa of urethra in the same way, but the patients ld not endure a current stronger than 30 or milliampères, while a current strength of n 80 to 100 is essential.—*Archives Gyne- gy.*

Sprains of the Ankle.

he treatment is as follows: The limb is ated, to assist in reducing the swelling, strips of adhesive plaster, each 1½ inch idth, and of the length adapted to the foot ankle joint, are applied, somewhat as pping is applied in the treatment of chron- ic ulcers of the leg. It is not advisable to use straps narrower than one inch, as they may cut the parts by a curling up of the edge of the plaster. Over this a firm roller bandage is applied, and the patient is directed to get up and walk. The adhesive plaster causes a firm and even compression of the parts, acts as a light splint, prevents exudation, and permits motion, which in the mild cases is desirable.

In the more severe injuries, when ligaments are torn across, muscles ruptured, synovitis or bursitis present, the parts should be strapped, and then foot and ankle encased in a plaster-of-Paris or silicate-of-soda splint. Care should be taken that the foot be put up at a right angle with the leg, and in a position of varus, not of valgus. The strapping in all cases should be renewed in a few days, as, when the swelling subsides, it becomes loose. The plaster-of-Paris must not be left on too long, as when acute symptoms subside motion is desirable, to prevent adhesions and stiffness of the joint. If extreme swelling or inflammation have occurred before case is seen, then heat, cold, the various antiphlogistics may be used, and after these massage and electricity. Support is needed as long as there is swelling or marked tenderness.—*Jour. Am. Med. Assn.*

Iodoform as a Prophylactic of Ophthalmia Neonatorum.

Valude publishes results obtained in the clinics of Dr. Bar and Professor Tarnier in Paris by the systematic application of finely powdered iodoform to the eyes of newly born infants. The figures compare favorably with those obtained in the same wards and under similar conditions by Crede's treatment by nitrate of silver. Valude thinks that iodoform will prove more useful than nitrate of silver in the hands of midwives, because it is more easily applied and does not decompose in the way that solutions of the silver salt do when kept for any length of time, in spite of precautions such as dark glass bottles, etc. He recommends that immediately the child is born, and before the cord has been divided, the eyelids should be carefully cleansed, and powdered iodoform dusted into the conjunctival sac. One advantage claimed is that the powder, or some of it at least, remains in the folds of the conjunctiva for a considerable time after its application, whereas solutions of all kinds at once drain away.—*Brit. Med. Jour.*

A Gonorrhœal Cure.

A patient consulted me on account of a gonorrhœal discharge that had been running on for almost three months. His suffering had been unusual. The urethral irritation at first punished him severely; following this, a swollen testicle added to his misery, and for the past month priapisms disturbed every attempt at sleep; in fact, the poor fellow was worn out with suffering. Upon examination I found a small meatus, a very sensitive urethra exuding a yellowish discharge, and a thickening of the submucous tissue, that could be felt like a cord from the outside, extending two inches back; the calibre here was 28 F. while the urethra back of this measured 34 F. I at once incised the meatus, bringing it up to the normal standard of the canal; I then filled a gallon douche bag with a mild Boro glyceride solution, at a temperature of 110, or as warm as the patient could endure. I then introduced into the urethra a straight tube, with many perforations at its point, until its beak rested well behind the inflamed region. I then attached the pipe of the douche bag to this and proceeded to irrigate the passage, using the entire gallon of hot water. This was ordered to be repeated twice daily; also an injection of sulphate of zinc, one-half grain to the ounce of water, was prescribed to be used three times daily; the injection should never be strong enough to smart. The meatus was kept from closing by the daily use of the sound. Within one week the discharge had entirely stopped and the chordee ceased to be annoying. The urethral thickening will probably soon be absorbed under this regimen; if it is not in due course of time, I will divide the constricting bands with the urethrotome, and follow the operation by the daily introduction of the sound, to insure patency of the canal.

There is no other mode of treatment that I have ever used that equals the application of hot water in the cure of gonorrhœa; it relieves the acute irritation promptly, soon stops the discharge and promotes the absorption of the inflammatory exudations.—*Dr. W. E. Green, So. Jour. Hom.*

The Therapeutic Value of Hypnotism.

It would seem that much of the philosophy and mystery of hypnotism come down to this simple explanation, viz., that it consists in renunciation of self-control and in heightening and emphasizing the power of the attention, and in fixing the will-less mind in determinative control of incoming sensation and outgoing innervation. When the attention is absorbed by one thought, or act, or sensation, others that come to the consciousness are unnoticed. Again, when the will is absorbed in one act, another may be carried out without consciousness. These are normal, every-day facts; hypnosis simply morbidizes the condition. It is usually only diseased and weathercock wills that the breezes of external suggestion can blow hither and thither, and though such wills are sad enough and common enough facts, the ideal of true character must consist in self-control and autocracy. Consequently the physician that uses hypnotic suggestion or plain common-sense advice and encouragement, must do it with the distinct object of righting the diseased will and strengthening it in self-control. It can hardly be doubted that the hypnotizing therapeutists have often been more occupied with the psychology than with the cure, and that the education of the patient's self-control has not always been a primary object. Hysterical condition has been produced in order to cure hysteria, and neurosis *b* has replaced neurosis *a*. If human vivisection, practiced with the clearest and most earnest desire to thereby further human weal, is squarely criminal, it may be conceded that to play and juggle with the profoundest mysteries of neurological and psychic life is the most wanton cruelty. About the inter-relations of will and sensation, mind and body, consciousness and nerve centers, we know quite as much as a Hottentot savage would know about the use of the instruments at the Lick observatory. The tricks of the hypnotist with the enslaved consciousness remind one of what the savage might do among the telescopes. We must have a better psychology and an infinitely more perfect pathology and pathogeny of psychic disease, before we shall be capable of intelligent use of hypnotic control and suggestion as justifiable methods of cure. Let us make haste very, very slowly. —*Medical News.*

In concussion of the brain from whatever cause, never allow yourself to be persuaded to give stimulants to arouse the patient, unless it becomes necessary in order to keep the heart beating and the respirations going; here the danger to the patient lies in reaction, and if it comes on too rapidly or in too intense degree, the consequences will be most disastrous. Apply warmth, however, to the surface of the body.—*Prewitt.*

Amenorrhœa of School Girls.

(1) The girl must leave school, and must not ven study at home. (2) She must spend sev-ral hours each day in the open air, either 'alking or riding. In winter she must of ɔurse be warmly clad; but must wear no ıeepskins or other chest-protecting pads. tanding in the open air, she must be induced) breathe deeply with the mouth closed; this ıould be done for at least fifteen or twenty ıinutes, and be repeated at least twice a day. 'othing that can be done will more rapidly ıprove the character of her blood. (3) She ıust sponge her extremities and body each ıorning on rising from bed. The water must ɜ of the temperature of the room, and she ıust practice friction freely with an ordinary 'wel. (4) She must drink plenty of milk and ıt plenty of beefsteak. (5) She must take errum. Improvement may be somewhat ɔw, but if this course is faithfully carried ıt a perfect cure will result, and her educa-ɔn may then be finished.

If this course or its equivalent be not fol-wed, these cases will go from bad to worse, ıd finally die of pulmonary tuberculosis.

ıe Extension of Gonorrhœa to the Pars Posterior Urethræ.

After an examination of fifty cases of first fection of gonorrhœa, Dr. Heisler concludes:

1st. That posterior urethritis appears much rlier than is usually taught and accepted the best writers.

His statistics show that in twenty per cent the cases it appeared in the first week, in irty-four per cent in the second week, and fourteen per cent in the third week after ɜ appearance of the discharge.

2d. Constitutional affections, especially ɔhilis, have little influence in hastening the ɔurrence of posterior urethritis, although the ɜction occurs more frequently in syphilitic ɔjects.

3d. Occupations which necessitate long-ıtinued exertion play an important rôle in ɔediting affections of the deep urethra.

4th. The affection is equally prevalent ether injections are used or the treatment confined to internal medication.

5th. The musculus compressor urethræ has power to prevent the transference of the in-tive agent to the deep urethra

6th. The gonorrhœal inflammation of the anterior urethra cannot be regarded as an affection of such typical course as is asserted by the majority of authors, *i. e.*, an inflammation starting in the fossa navicularis, reaching the bulb in three weeks; then, when the acme of intensity is attained, passing over to the posterior urethra. In the great majority of the cases, this happens during the first or second week without the direct transference of the gonorrhœal pus by means of catheters or sounds.

It must therefore be looked upon, not as a complication of anterior urethritis, but as a direct continuation of it.

Abscess of the Frontal Sinus.

The following operation is performed as soon as he has positively made a diagnosis of abscess of the frontal sinus.

The incision should be made, starting from near the inner canthus, immediately beneath the superior orbital arch, directly outward, and from an inch and a half to two inches long, so that if the bony wall of the sinus, which is here very thin, has not already been perforated, it may be easily opened. The pus then flows out, and the sinus should be thoroughly washed out with a solution of mercuric bichloride (1 to 1,000). The opening should be large enough to admit the little finger, and the cavity of the sinus should be carefully examined for fungoid granulations or osteophytes, and these, if found, should be thoroughly removed. Then the septum between the sinuses should be examined for a perforation, for, in some cases, this partition wall has been found not only perforated, but nearly entirely absorbed. A drainage tube should then be inserted, and the cavity carefully washed out twice daily. The re-establishment of the channel of communication between the sinus and the nasal fossa is sometimes advisable. This may be done by opening into the ethmoid cells by chisel or mallet, or by trephine, or by introducing a catheter through the fronto-ethmoidal canal and then a drainage tube through the nose, after the plan advocated by Panas. After the opening of the sinus along the orbital margin, the first thing necessary is a thorough irrigation of the sinus. After the pus ceases to be discharged through the drainage tube, the cavity generally begins to granulate from the bottom, and in from three to four months the cavity has usually entirely healed.

Treatment of Accidents Occurring during Ether or Chloroform Anæsthesia.

That the condition of anæsthesia is not free from danger, medical literature well attests. Every one who administers an anæsthetic should, therefore, be familiar with the signs of danger and the means to be employed, should any emergency occur.

The time-honored precept that the anæsthetizer should give his undivided attention to the condition of the patient cannot be too often repeated. When accidents occur, they are apt to be sudden—especially does this seem to be the case during chloroform anæsthesia—and a moment's forgetfulness or a brief period of attention to the operation may be disastrous to the patient.

As spasms of the muscular system and collection of mucus in the throat of the patient are apt to occur, in the early stages of anæsthesia, accompanied by irregular, jerky and abortive respiratory efforts and marked cyanosis, much unnecessary anxiety may be avoided if the surgeon always assures himself that there is nothing loose in the mouth of the patient before administering the anæsthetic.

Unfortunately, ether and chloroform do not always cause death in the same manner, so that there is no one symptom, attention to which will give entire security. The experiments of Prof. H. C. Wood, conducted in the laboratory of experimental therapeutics of the University of Pennsylvania, seem to show, certainly, that during etherization any untoward action is most apt to be upon the respiration. Therefore, as long as the respirations are full and regular, and the color good, we would expect the patient's condition to be entirely satisfactory. This applies, however, to healthy patients only. When ether is administered to a patient whose heart is diseased, or whose vitality is reduced by some long and wasting illness, attention to the pulse becomes essential.

On the other hand, the observations above referred to have as certainly shown that during chloroform anæsthesia the violence of the drug is most apt to be spent upon the heart. Here, therefore, the closest attention to the circulation is necessary. Constant observation of the respiration is also essential.

It should be a rule, during anæsthesia, to watch both the respiration and the circulation. The color of the face is a valuable guide. Cyanosis, indicating feeble respiration or obstruction of the respiratory tract, and pallor should lead at once to an investigation of the condition of the circulation. Efforts at vomiting are to be overcome by pushing the anæsthetic. If vomiting occurs, the head is to be turned to either side, so that the ejecta may not be inspired. Stertorous breathing indicates profound anæsthesia, and it is desirable to keep within this limit. Paralysis of the diaphragm also indicates that the anæsthetic has been pushed too far.

During normal inspiration the diaphragm descends, pushing down the intestines and distending the abdomen. When anæsthesia has been carried too far, the action is reversed, the diaphragm is paralyzed and hangs helpless. With each inspiration it is drawn up into the thorax, and the abdomen retracts. When this occurs, the ether is to be withdrawn until the normal action is restored. This most valuable observation was first pointed out by Drs. H. A. Hare and Edward Martin.

Wide dilatation of the pupil also demands immediate withdrawal of the ether.

Should the respiration show evidences of failing, what shall be done? The anæsthetic is to be instantly removed, the tongue is to be brought well forward, and the throat is to be cleared of mucus or other obstruction; the head is then to be extended and the fingers hooked behind the angle of the lower jaw, which is to be brought well forward. This raises the epiglottis. This method is an improvement on that proposed by Howard, which consists in bringing the patient's head over the end of the operating table until it swings free, when it is carried backward and downward, until the utmost possible extension of head and back is obtained. If voluntary respiration does not begin at once, some external stimulus is to be used. One always at hand is that pointed out by Hare, of baring the abdomen of the patient and dashing a quantity of ether upon it. The rapid evaporation which follows produces a degree of cold, the shock of which frequently excites a deep inspiration. If a battery is at hand, peripheral stimulation may be produced by this means and most effectively by the brush. The sponge electrode may be placed on any indifferent point of the body, and the brush on the epigastrium. This may be repeated as frequently as it is desired to produce respirations, until the normal respiratory action is established. Attempts to affect the diaphragm by stimulating the phrenic nerve may cause cardiac inhibition, as pointed out by Hare and Martin.

In well appointed clinics a battery, with the brush attached, is always set up in readiness for use at a second's warning. These means failing, artificial respiration is to be practiced without delay, preferably by the Sylvester method. If the appliances are at hand, the method of forced artificial respiration, as recommended by Professor Wood, is to be strongly advised. For this purpose a pair of bellows, some rubber tubing, a face mask, and a tracheal canula are needed. The apparatus can now be procured of instrument makers. The experiments of Wood have shown that the only respiratory stimulant worthy of mention is strychnine. In a stubborn case, the best results will follow prolonged, careful efforts at artificial respiration. Ether is eliminated principally by the lungs, the expirations of the patient under ether being heavily charged with its fumes. If, therefore, full, deep respirations are induced, and an abundance of fresh air supplied, the quantity of the drug in the body will be rapidly reduced.

If the circulation shows signs of failing, the anæsthetic should be stopped, and the same precautions looking to a free supply of fresh air are to be observed. A hypodermatic injection of the tincture of digitalis may be administered at once. In the experiments just noted, no drug was found to have a constant beneficial effect upon the heart. The action of ammonia is very evanescent. The hypodermatic use of ether or alcohol in a patient whose blood is already saturated with ether vapor is as irrational as it is futile. Artificial respiration promises a great deal here also. Wood has resuscitated animals by this means alone after the respiration and the circulation had both ceased.

These various measures are to be employed, one after the other, more quickly perhaps than they could be described, and efforts are not to be relaxed while waiting for a certain article, but that means which is at hand is to be used until what is desired has arrived.—*University Medical Magazine.*

THE contribution that the hen makes to breakfast possibilities would seem hard to imitate, yet it is freely stated in English journals that the industry of manufacturing eggs has attained large dimensions in that country, and further, that the manufactured article is for most purposes as good as the genuine.

Shock and its Treatment.

The most notable sign of shock is loss of body heat, and its restoration and maintenance is of first importance.

All of the nutritive processes being in abeyance, heat production is diminished, and heat loss going on, the patient becomes rapidly cool. Such cooling, moreover, renders the circulation more difficult to be carried on, and so the refrigeration is still more increased.

The restoration and maintenance of the normal body heat renders the restoration of the other organic functions easier.

This must be done by the application of artificial heat.

Dry heat is better than moist as it does not involve evaporation.

Bottles of hot water, a large number, placed under the coverings, so as to keep a hot atmosphere about the body and limbs, is the best method. There is but little gained, in addition to heating the air, by placing hot bottles, or flat irons, or bricks or rocks, in contact with the person of the patient.

The conduction is very little, as they touch at but small points, while hot air is in universal contact. The entire body and limbs should be kept closely covered. I say, *kept*, for every time the cover is raised the hot air is dissipated, and we must begin anew.

No good is to be expected from friction of cold limbs—it has no influence in restoring the circulation. It supplies no heat, and it hinders the application of other means which do supply it.

It is often quite difficult to restrain the well-meant zeal of the laity, especially of women, who are determined to keep the cold limbs, naked, in the air, while they rub them, and then bathe them with whiskey, or some other alcoholic preparation which by its rapid evaporation contributes still more to the cooling process.

External stimulation may, however, be useful, applied under the cover and to the warmer parts. Sinapisms, chloroform or ammonia applied to the epigastrium or along the spine are of great service.

It is both unscientific and useless to apply these rubefacient remedies to the frigid extremities.

The surface circulation is too feeble for them to do any good or harm until a general reaction renders all such proceedings unnecessary. Another method of applying heat may be resorted to in some urgent cases, i

convenient; that of introducing a quantity of hot water, at a temperature of 130 or 140 degrees, into the large intestine. By directly heating the ganglionic centers, or by reflex influence, it produces an effect in the desired direction far greater than the amount of caloric supplied would justify one in expecting.

In the consideration of the remedies to be introduced into the stomach, it must first be ascertained that the stomach is nearly or quite empty. If the stomach is filled when the shock is suffered, digestion stops, and fermentation or decomposition begins.

It is then necessary to get rid of the offending mass by vomiting, as it will surely do great harm by remaining. Further, no remedies, exhibited by the stomach. can be of any avail until that organ is first emptied. Still further, should vomiting be provoked by mustard and hot water, the result, instead of being depressing, is quite the opposite. Not only is heat supplied to the organism and the stomach directly stimulated, but the general effect is to rouse into activity the ganglionic centers, where stimulation is most needed. In my judgment such treatment is of the greatest benefit, and should not be neglected.

Among the remedies to be given by the stomach, alcoholics, by general consent, hold the highest place. There is no one of the ten commandments the propriety of which some one will not deny. So there will always be some one to say that alcohol, in all cases, and in all circumstances, and in all doses, is a sedative or a paralyzant, and cannot be so used as to stimulate. That it often so acts will hardly be denied, but that it is susceptible of useful application in depressed states is a fact within everybody's experience in all countries and has been in all ages. There is no therapeutic fact, nor ever was, which is more certainly true or is more universally believed.

Yet it is everybody's mistake to give too much whisky or brandy and to give it wrongly. The stomach must be empty and there must be no vomiting. If the patient must retch, sips of hot water will do as much good as anything, especially with rubefacients to the epigastrium.

Should one wish to get drunk as quickly as possible, and with the smallest expenditure of liquor, he would take it undiluted in small doses, very frequently repeated. That is the right method of administering liquor in cases of shock. Alcohol in large doses is an anæsthetic, and that effect is not wanted.

The whisky or brandy should be given in teaspoonful doses every few minutes, and without water, before, with, or after it. If one ounce of strong liquor so given will do no good, more will do no harm. It is sufficiently common to see a man, badly injured in a railway accident or otherwise, plied with large quantities of whisky and cold water, so much and so rapidly, and so cold, that the unfortunate man cannot possibly dispose of it, except by vomiting the whole up together; the cold liquid, the nausea, and the vomiting rendering the shock more severe than before. Yet on the whole the vomiting is fortunate, for were it possible for the whisky to be absorbed, it would act as an anæsthetic and a paralyzant, and still further obtund the sensibilities of the nerve centers, and thus render the restoration of the functions of those parts more difficult than it was before.

Sulphuric ether is an excellent stimulant in very small doses. A good formula, and one which I have often used with the most gratifying result is: One dram of ether added to one ounce of brandy or whisky, dose, one teaspoonful every five minutes without water. Indeed very little water should be given, that is cold water. Hot water is good in small doses. Opium in small doses, preferably the deodorized tincture, is useful both as a anodyne and a stimulant.

These three agents, alcohol, ether and opium, are alike in one important particular they are all stimulating in small doses, anæsthetic and paralyzant in large doses. The one effect is of the greatest utility, the other is often speedily fatal.

Other valuable drugs for internal use are capsicum, ammonia, camphor, coffee, digitalis atropia and strychnia, and some others.

The three latter, digitalis, atropia and strychnia, are the most valuable. Yet the mistake must not be made of giving too many things.

The stomach can not tolerate them, and will often reject them or a cumulative effect will be obtained.

It should not be forgotten that the absorptive powers of the stomach are enfeebled as well as the other functions, and that the stomach, as well as the other parts of the organism, require functional rest.

Should the stomach reject everything, or fail to absorb anything, these remedies may

be introduced by hypodermic injection, and will be equally or more serviceable than when ingested.

There is, however, an important point here relative to the place. Ordinarily the location of such an injection is indifferent.

Here it is very important. We often see a hypodermic injection made into a cold, pale or livid and shrunken extremity; that does little or no good.

It should be made where the patient is warm and the circulation is active, that the absorption may be speedy and complete.

Hot soups are given, and may in some not urgent cases be beneficial. A perfectly clear meat broth, or essence, or tea, is the thing wanted, with no admixtures and no fat. There is no objection to giving them if they do not interfere with the necessary medication. These articles are stimulants from the meat salts and extractive matters which they contain, and they benefit the patient only as stimulants.

Alimentation is not wanted in acute shock. There is no digestion, and if there was the round of digestive processes is too slow. Before the new material can be assimilated the patient is beyond the need of it. He is dead or he has reacted.

Moreover, there is no want of nutritive material in the system. There is no time for tissue building, nor is it needed.

The sense of comfort, strength and well-being which follow the taking of food when one is hungry, is not caused by an increase of force derived from the appropriation of the substances ingested, but by the relief from hunger, by the stimulation caused by the food and drink, by the sense of satiety, and the nervous impression produced by the normal performance of the digestive functions.

The question of doing operations in the presence of shock has been much discussed, and needs to be considered here as having direct reference to amputations, in cases of crushed limbs, compound and complicated fractures, and similar or analogous injuries.

Should hemorrhage be going on there is no question of the propriety of taking such steps as are necessary to arrest it, and generally there is no question of the propriety of removing any continuing cause of shock.

In moderate shock, surgeons uniformly agree upon the propriety of immediate action. If the shock is considerable, or is quite severe, operation may be done in full confidence that reaction will speedily occur.

The question comes in the case of severe shock from a grave injury, and where the occurrence of reaction is doubtful whether an operation is done or not.

There is a lurking fallacy in the doctrine of ether stimulation. Ether stimulation is one thing and ether narcosis is quite another.

There is not the slightest doubt that the exhibition of any anæsthetic is itself a cause of considerable depression, under whatever circumstances. The effect of alcohol and ether are quite similar. Both stimulate in small doses, both are anæsthetics, depressants, and paralyzants in large doses, only the one is more speedy in its action than the other.

While the inhalation of ether produces stimulation at the beginning, the same as if swallowed, yet full anæsthesia from it is universally followed by considerable depression and especially if prolonged. Hence we may safely say that if a patient with a traumatism and resulting shock cannot react without operation, he simply cannot with it.

If to the shock of injury there be added the shock (or depression) of the anæsthetic and the shock of the operation, the probability of reaction is certainly much less.

The rule laid down by Mr. Bryant is certainly rational and safe. That in the presence of severe shock from slight injury an operation may be done, but in severe shock from severe injury it should not be ventured, but all our efforts should be directed to the establishment of reaction.

If in spite of our efforts the patient dies without reaction the decision is not to be regretted, as we may be sure that he would have died sooner if an operation had been done.

It is better that the patient die from his injury than from surgical interference.—*Dr. T. E. Tefft, in Weekly Medical Review.*

Management of the Paroxysmal Inebriate.

The assertion so confidently made by some to the effect that paroxysmal inebriety can be "radically cured," seems to me open to serious question. I have seen altogether too many "cured" cases relapse. There is little doubt, however, that under proper management the duration of the paroxysms can be materially shortened, and the intervals between them prolonged to such a degree that in the majority of cases the disease need no more interfere with a man's business than a gouty diathesis with occasional acute exacer-

bations. But to attain this result the condition must be treated as one of disease, pure and simple, and the family and friends of the patient must heartily co-operate with the physician in enforcing the necessary discipline. If the patient will himself co-operate, so much the better.

The plan of treatment which has proven most effective in my own hands is as follows: The patient is put to bed and kept there for three or four days under the constant care of a nurse; if the patient be allowed to go about he does not recover physical tone as soon, and if he be left alone any length of time the fits of mental depression into which he is certain to fall greatly retard his recovery. Alcoholic liquor in every form is withheld from the first. Hot broth is given every hour, and hot milk at the usual meal times. Strychnia (1-80th to 1-120th grain of the sulphate) is given every hour, and in case the heart acts feebly or the kidneys are sluggish it is combined with 1-480th grain of digitalin. At night a sedative is given subcutaneously. Terchloride of gold and sodium (1-20th grain in thirty minims of water) has seemed to act kindly—more so than preparations of opium, either alone or combined with atropia or hyoscyamia, or those mixtures containing chloral or bromides. Coffee, hot, and without milk or sugar, is allowed if the patient cares for it. Irregularities of the stomach and sluggish action of the chylopoietic system are corrected with small doses of calomel (1-10th grain three to six times a day), combined with ipecac and soda. After the third day the patient is allowed to sit up, and easily digested solid food, such as rare beefsteak, etc., is added to his diet. From the fifth to the eighth day the nurse can usually be dismissed, and the patient returns to his business free from the craving for liquor for the time being.

I add the qualification advisedly, for overwork, or overworry, or prolonged privation of sleep, or any other cause which lowers the reserve of nerve force below a given point, will occasion a return of the craving, and with this craving comes the dilusion of dipsomania, viz., that since he is cured, he can take one glass and then stop. He takes it, but he doesn't stop. As a precaution, after the patient returns to his usual avocation, it is just as well to have him come to the office first daily, then every other day for a week or so, for his hypodermic of terchloride of gold. Every pains should be taken to impress both the patient and his family with the necessity of avoiding those causes which in his case seem to determine the attack, and of coming to the physician when the prodromata (most prominent among which are indigestion and insomnia) first appear.

By taking those precautions, patients often go two years, and even longer without a relapse.

To make a long story short, dipsomania is one of the graver manifestations of nervous exhaustion. The principles that underlie its successful treatment are the same that underlie the treatment of other extreme forms of neurasthenia, viz., rest, forced feeding, and tonics, with proper care after recovery to forestall a recurrence of the attack.—*Dr. L. B. Tuckerman in Medical Record.*

The Present Status in Brain Surgery.

In a paper read before the American Surgical Association, in September of the present year, Dr. Agnew reviews the work of Philadelphia surgeons in this branch and deduces the following conclusions:

1. That all fractures of the skull attended with depression, however slight and entirely irrespective of symptons, should, in view of the late after-effects, be subjected to the trephine.

2. That trephining for traumatic epilepsy promises only palliation at best.

3. That trephining for Jacksonian epilepsy is to be regarded as only affording temporary benefit.

4. That trephining for abscess, in view of the fact that all such cases left alone almost invariably terminate fatally, is entirely proper, and that the earlier such operation is done the better.

5. That trephining for intracranial traumatic hemorrhage is both an imperative and highly promising operation.

6. That trephining for cephalalgia or traumatic headache, medical measures having failed, should be undertaken with every prospect of success.

7. That trephining for hydrocephalus is a useless operation.

8. That trephining for microcephalus, independent of athetosis, confers no credit upon surgery.

9. That it is more than probable that as our observations multiply, the use of the trephine, as a preliminary for the removal of brain tumors, will be lessened rather than amplified.—*Univ. Med. Magazine.*

Treatment of Intestinal Occlusion by the Electric Current.

Semmola believes that there is such a thing as intestinal occlusion, produced solely by a temporary intestinal paralysis, caused by a lack of innervation. In these cases the current is surprisingly efficacious. A case is related of a young man who, after eating to excess, had a severe abdominal colic, which yielded to ordinary measures. Then followed atyphlitis and perityphlitis which were overcome by antiphlogistic measures, and a milk diet. During his convalescence, there ensued after certain dietetic errors, an intense diarrhœa, severe abdominal pains, vomiting, diminished urine and constipation.

Ordinary therapeutic measures failed, and a diagnosis of intestinal obstruction having been made, laparotomy was proposed. Semmola, called in consultation, made a diagnosis of intestinal occlusion from lack of innervation, and counseled a resort to the use of the current, before the abdominal incision was made.

The positive pole of a Daniels battery, registering an intensity of 10 mille-amperes, was introduced into the rectum. The negative pole was stroked over the course of the large bowel. The application was made thrice daily, each séance lasting ten minutes. After the third application of the first day, the urine became normal in amount, the colicky pains less frequent and less severe, and the general condition was greatly improved. At the end of the third day the patient had spontaneous fæcal evacuations, and in two days more was completely cured. — *La France Médicale.*

Treatment of Gastric Ulcer.

Most important is rest in bed, and I think the most satisfactory, and I am sure the shortest way is rest to the stomach also. For three or four days feed the patient by the rectum, either with peptonized foods or nutrient suppositories. A very good food is Leube's food: 4 to 8 oz. scraped and finely chopped beef; 1 to 2 oz. fresh finely chopped oxen's or pig's pancreas; and add warm water to the consistency of thick gruel and inject slowly with a long tube; in this way half-a-pint or more can be retained; or some of the meat juices of which there are so many now in the market, but of which I prefer bovinine. Beef tea and eggs are not absorbed readily by the rectum.

At the end of that time, begin by giving small quantities of liquid food by the mouth; milk and lime water or peptonized milk ℥ij or ℥iij at a time; many people object to milk when peptonized, but its taste is much improved by the addition of Vichy or soda water. Buttermilk is an admirable food to those who do not object to its taste. Koumyss is also good, but I much prefer a very good preparation of milk called aërated milk; this is first sterilized and then carbonic acid gas forced in as in ordinary soda water; this will keep in a cool place for weeks. At the end of a week or ten days lightly boiled eggs and milk, crumbled biscuit, powdered rice, or Nestlé's infant food may be added, and then meat broths, young fowl, sweetbread, etc.; but for some time brown bread, oatmeal, pastry and acid fruits should be forbidden.

There are some drugs which definitely produce ulceration of the stomach and duodenum, notably uranium nitricum, with which Dr. E. Blake made some valuable experiments some years ago, an account of which is published in the Hahnemann Materia Medica, part 2. He produced definite ulceration in the stomach and duodenum in some rabbits, and in some others localised inflamed patches which would doubtless have gone on to ulceration if the animals had lived, and this was not from any local action, as some of them were treated by subcutaneous injections of the drug. This drug I have used in some cases with, I believe, decided benefit to the patient. Arsenicum has vomiting after food without nausea, burning and gnawing and eroding pains in the stomach. Bell., and especially atropia, is often very useful in these cases, and especially those hysterial cases with pain in the back, etc., which so closely resemble gastric ulcer. Argentum nit. is spoken highly of, but I have not myself been successful with it. Phosphorus is another good medicine. For the burning pain in the stomach a few drops of chloroform shaken up with ℥iv or water and ℥j, given occasionally, I have often found give great temporary relief.

Of course the general anæmia and amenorrhœa must be treated, and for this puls. and some form of iron I generally find most useful, and I have not found that in giving these together that the one counteracts the good effect of the other, as Farrington says in his Clinical Materia Medica. For an attack of hematemesis I have found Ipecac, or Hamamelis, or both, most useful in checking the bleeding. Small pieces of ice to suck and

ice-bag locally, but whether the latter really checks hemorrhage I am not sure. Stimulants, I think, should be avoided, as the flagging circulation tends to produce coagulation, and blocking up of the mouth of the vessel.

If one is sure that perforation has taken place, abdominal section and washing out the abdomen is the only chance of saving the patient's life, although the percentage of recoveries so far has been very small.

The Bath in Typhoid Fever.

Bouchard has proposed a form of bath which produces no nervous shock, or spasm of the cutaneous vessels, and which thus encourages the elimination of heat from cooling of the blood while circulated in the vessels of the skin. We quote the following description of this bath from his work, "*Leçons sur les Auto-Intoxication dans les Maladies*:"—

"The initial temperature of the bath should be 3½° F. below that of the body,—100° F., for example, if the patient's temperature is 103½° F. At this temperature the patient is comfortable, and experiences no shock. The water should be cooled very gradually, at the rate of one-fifth of a degree per minute, that is, 2° F. every ten minutes, until the temperature reaches 86° F., never lower.

"No sensation or nervous shock, no vascular agitation, occurs during the long time. The pulse does not become contracted; . . . there is none of the stupor peculiar to typhoid fever. The lowering of the temperature secured is much greater than that of the cold bath.

"I give the bath eight times a day. Some patients thus pass half the day in water. The lowering of the temperature is much more durable than the cold bath. The elevations of temperature are much less considerable."

Bouchard thinks that by this means he is able to secure a lowering of temperature of at least 1° F., and sometimes more than 5° F. The elevation of the temperature after the bath is very slow, and never occurs quickly. The higher the temperature the greater the effect of the bath, with the exception of cases of excessively high temperature, as 103½° F. to 105° F. There is also but little effect in cases in which the temperature is 100° F. or below, and upon a person whose temperature is normal, there is practically no effect.—*Jour. Bacteriology.*

Early Operative Interference in Acute Peritonitis.

Dr. G. F. Lydston advances the following propositions:

1. I do not believe in the existence of acute idiopathic primary peritonitis.

2. The majority of cases of so-called idiopathic peritonitis in children will be found upon inquiry, to be traumatic.

3. Slight injuries of the abdominal contents are relatively more dangerous in children than in adults.

4. Acute peritonitis in children, while apparently idiopathic, is often secondary to perityphlitic inflammation, which runs a rapid course and extends to the general peritoneum without the intervention of appreciable local changes.

5. The profound prostration and cardiac inhibition characteristic of peritonitis are in a great measure incidental (1) to tension of the peritoneum produced by inflammatory products, with a consequent reflex inhibition of the heart, and (2) mechanical interference with the heart's action.

6. Surgical interference is indicated in all severe cases of general peritonitis and in cases of localized suppurative inflammation or in cases of perityphlitic origin, whether due to foreign bodies or not.

7. There is every indication present for operation, and no logical objection to it. The operation is almost invariably palliative, if not curative.

8. Operation in no sense impairs the chances of recovery. *Per contra*, it enhances them in a great degree.

9. No case should be allowed to die without operation, unless already *in articulo mortis*.

10. It is not necessary to make a large incision, excepting in cases in which perityphlitic abscess is known to exist, which is rarely the case in children. If perityphlitic abscess exist and is recognized before operation the incision should be made at the most favorable point, which in the majority of cases is the typical line for ligation of the common iliac, as pointed out by Murphy and Lee. In by far the majority of cases in children a simple median exploratory incision, with flushing of the abdominal cavity, is sufficient.—*Ill. Med. Rep.*

PRACTICAL POINTS.

In gastralgia in young, slender, delicate women Bismuth is very valuable given in three-grain doses of the first centesimal.—*Dr. Richard Hughes.*

In diphtheria in depressing the tongue use no metal tongue depressor. Cut some small sticks for the swab, use each only once and destroy immediately. Be sure and keep in glass, not allowing it to come in contact with metal. Feed patient freely with milk punch. If necessary to sustain give Chininum sulph. 2x. gr. v. powder three times a day.—*Dr. H. F. Biggar.*

Glycerin given by the mouth is a powerful cholagogue and a valuable agent in hepatic colic. In large doses (℥v to ℥j) it determines the end of the crisis. In small doses (gtt. lxxv to ℥ss) the glycerin, taken each day in a little alkaline water, prevents new attacks. Glycerin, without being a lithontriptic, is yet an excellent medicine in biliary lithiasis.

To give a rectal nutrient enema, the rectum and the sigmoid flexure should be well washed out with warm water, beginning with small enemata, as we bear in mind the valuable researches of Dr. Burford on this very vital point. Then, with the hips well raised, a very long tube quite full, to exclude all air, should be passed as far as possible and slightly withdrawn. An ounce or two of peptonised food *without salt* is allowed to flow very slowly into the intestine by raising the end of the enema. A firm broad belt should be tightly applied around the buttocks, and the patient enjoined to lie on a warm pillow with the head low for half an hour.—*Dr. Edward Blake.*

For perspiring feet wear low shoes, wool socks, and dust the feet over twice a day with iodol; they will soon be as hard, sweet and comfortable as one could wish. Wash the feet at night with very hot water, put on white cotton socks, and immerse the feet thus covered, in methylated spirit, poured into a basin; wear the socks all night; they will soon dry in bed. During the evening wear cotton socks and common felt slippers, and keep the socks constantly saturated with spirit. In a week the cure will be complete. The best ventilated boots are made of stout canvas.—*Brit. Med. Jour.*

Virchow asserts that olive oil when given for renal colic is absorbed from the bowel, and is excreted by the liver out into the bowel again. That is to say, sweet oil does not dissolve biliary concretions so much as it increases the flow of bile, and flushes out with a lubricating action the biliary channels.

It is not sufficient in vesicular keratitis, or herpes of the cornea, to evacuate the contents of the vesicles by puncture, inasmuch as the liquid is soon reproduced. The parietes of the vesicles should be removed with forceps, or the lesion should be well scraped with a cataract knife, and the eye covered with a compress. If the patient will not submit to this operation, they recommend introducing into the eye a pinch of calomel or other powder capable of destroying the thin walls of the vesicles by friction. In addition, instillations of eserine or of pilocarpine are useful.

For comedones Unna has devised a preparation which he claims will not only cause the apparant disappearance of the comedones, but will also exercise sufficient tonic action to diminish and finally abolish the tendency to their formation. The formula in question is as follows:

℞	Lanolini puris	10
	Vaselini	20
	Hydrogen peroxid	20-40.

M.

This mixture is to be applied to the affected parts and allowed to remain. This can be easily done if the application is made at night. If it can also be applied during the daytime a further advantageous action is secured.—*St. Louis Clinique.*

For ringworm of the scalp, McArthur's method is first to shave the hairs from and around the patch, then the part is thoroughly washed with green soap and warm water, after which turpentine is thoroughly rubbed into the affected scalp, and then two or three coats of tinct. iodine painted on with a soft brush and allowed to dry. The carbolated oil is then applied to the whole scalp. If this method is properly practised it requires only about ten days to produce a cure. Spts. turpentine is a powerful germicide, but it is still a more powerful solvent to the sebaceous material around the hairs. It penetrates deep into the epithelial structures of the scalp, and opens the way for the tinct. iodine, which is a still more active parasiticide.—*Denver Med. Times.*

WORTH KNOWING.

In all forms of vomiting of obstinate character, in hepatic, renal, and menstrual colic, seasickness, vomiting of pregnancy, retching, etc., pure resorcin in doses of 3 to 4 grains in solution or powder has a marvelous action.

Alkalinity in cow's milk was always suspicious, for it was evident that it had been "doctored." The most dangerous alkali was bicarbonate of soda, for in milk thus treated the ptomaine producing germs developed best.—*Dr. A. Jacobi.*

Purpuric spots are common in jaundice, all liver diseases, syphilis, and from abuse of mercury. When purpuric spots come and go on the abdomen or lower extremities without assignable cause, or other symptoms indicative of purpura proper, ascertain if the patient is not a chloral user. Their appearance in the course of scarlet fever furnishes ground for a grave prognosis.

The unpleasant or even poisonous symptoms which occasionally follow the local application of strong solutions of cocaine in the nasal and buccal cavities may be entirely prevented by combining the drug with resorcin. This combination is also of advantage in utilizing the antiseptic, astringent and hæmostatic properties of the latter drug; the solution may also be employed in post-nasal catarrh, pharyngitis, hypertrophy of the tonsils, stomatitis and gingivitis.

Without wishing to appear too conservative, I will express the conviction that the man who regards lavage as a panacea for gastric troubles is on a par with the gynecologist whose resources begin with and go but little beyond the hot douche. Washing out the stomach is no more a mysterious source of good than catheterization and irrigation of the bladder or the nasal douche or an enema. Lavage should be practiced, not because it is "good for dyspepsia," but because there is some definite end, either diagnostic or therapeutic, in view. It is useful in widely different conditions, but subject to the limitations of a discriminating consideration of the state of affairs in the stomach and a prudent regard for the strength and nervous susceptibility of the patient.—*Dr. Jas. Wallace.*

There is one point it would be safe to bear in mind in a diagnosis of the origin of aneurism found at the root of the neck. It is well known that aneurisms springing from the arch of the aorta occasionally rise up behind the ribs, and appear in the neck, and have been mistaken for subclavian aneurisms. The chances of error will be greatly diminished if the history of the case, carefully studied, will exclude any trouble within the chest before pain or swelling was apparent in the neck. Aortic aneurisms may exist for some months before they are large enough to be observed above the clavicle and first rib, and produce symptoms of pressure within the thorax which usually attract the attention of the patient and surgeon.—*Dr. T. A. Wyeth*

The very best heart in the world will cease to beat if the lungs fail to perform their functions, and therefore only poisonous blood is brought to the circulatory nerve-centers. And as is generally known (or as should be generally known), ether paralyzes first the respiratory nerve-center, and when respiration ceases the heart continues to beat for as long a time as the blood is not too impure to produce the proper stimulus in the circulatory center; but when the blood from lack of aëration, becomes too impure, the heart ceases to beat, whether sound or unsound, and life ceases also. If this fact were more constantly borne in mind by persons administering ether, fewer deaths would occur to report.—*Med. Record.*

It is sometimes difficult to distinguish between a functional and organic heart murmur. An organic murmur is increased by anything that increases the force of the muscular contraction of the heart. If you make the patient walk about the room, or up and down stairs, so as to throw a little additional work on the heart, then the murmur becomes more distinct. Another distinguishing feature is that organic murmurs are more harsh than functional murmurs. The seat of an anæmic blowing is to the left of the sternum, about the third costal cartilage, or over the area of the pulmonary artery. It is a systolic murmur. In cases of marked anæmia, there is a purring blowing murmur in the jugular vein, which is called the *bruit de diable.* It is a purring sound, like that made by a cat. Its exact cause is not known, but it may be due to some alteration of the relation existing between the blood and the containing vessel.

Sterilized milk is an improvement on the methods formerly adopted. It is a great error to suppose that sterilized milk is anything but cow's milk. It requires just as much modification as though it were not sterilized; a good food is not one that is simply tolerated, one upon which a child does not die, but rather one upon which he thrives. Many an invalid owes his ill-health later in life to improper feeding in infancy.—*Dr. A. Jacobi.*

Ordinary commercial benzine is the most effective, cleanly and convenient application for destroying pediculi capitis or pubis. The affected parts should be freely bathed with the fluid for three or four minutes. Both pediculi and nits are killed almost instantaneously. As a rule, a single application is sufficient, even in severe cases. The smell of benzine is said to disappear very quickly. The remedy can be safely applied, even in the presence of an eczematous rash, since it causes only trifling pain, which soon passes off. In the case of out-patients, the treatment must always be carried out in the day time, as the substance is extremely inflammable.—*Brit. Med. Jour.*

Oxygen gas was administered in three cases of pneumonia and one of acute bronchitis, all of these being unusually severe. All recovered, and the author believes that in two cases life was saved by gas. Satisfactory results were similarly obtained in three cases of asthma. In these instances, after half a dozen inhalations, the inspiration became longer, and the patient was less distressed. In only one case of two years' standing, the relief did not pass beyond the first stage; in one of the other two cases the paroxysms became about one-half less frequent than they were before the treatment, and then less oxygen was required to produce the same good effects. The benefit is greater and quicker, according to Blakiston, when the gas is administered warm. The author also recommends the use of oxygen, combined with electricity and massage, in convalescence from long illness.—*Brit. Med. Journal.*

Thuja has been used in a variety of disorders, but has attained its principal reputation in the treatment of venereal diseases, both primary and secondary, and should never be lost sight of. In warts, simple and venereal, and in polypi, it is always a promising remedy. I cannot speak so well of it in nævi, having twice failed to get any good effect from its use. But I wish just now to speak of its employment in the irritable bladder of gouty and eczematous patients, and if I may judge of its virtues by the effect it had in one case which I treated, then I should say there is no medicine equal to it in such cases. An old gentleman, aged 87, whom I had often treated for eczema and irritability of the bladder, at last got so weak from his rest being so much disturbed by rising in the night to relieve his bladder, that I began to think that he would soon depart this life from utter exhaustion. Bell., nux vom., and acid phos. had done some good, but evidently not enough; and it was desirable to try something else. I therefore gave thuja. The effect far exceeded my anticipation, for the old gentleman has improved wonderfully, and now he rises soon after seven in the morning fresh and hearty after a good night's rest. He does not take a dose more than once or twice a week now. I gave the 1x dilution in two-drop doses.—*Dr. Herring, in Hom. World.*

Tachycardia, as defined by Fruentzel, is a disease without demonstrable organic heart lesion, in which repeated sudden attacks of rapid heart action occur and as suddenly disappear. The number of beats may reach 140 and over per minute. He considers most of the cases to be due to paralysis of the inhibitory fibers of the pneumogastrics, and others to irritation of the acceleration fibers of the sympathetic.

Melancholia may be diagnosticated, according to Dr. Landon Carter Gray, by the conjunction of three signs, namely: melancholia, marked insomnia and a post-cervical ache. This form of insanity is one which often escapes observation entirely, until it is brought to light in a forcible manner by some act of violence of the patient upon himself or some one else. Even where it is suspected, there is great difficulty in arriving at a positive diagnosis, as the depression of spirits which is its chief characteristic is not uncommon where there is no cerebral disease. Consequently if Dr. Gray be right, and he seems confident that he is, in placing a high diagnostic value upon the conjunction of the three symptoms mentioned, the contribution that he makes to practical medicine is of great value, particularly to the general practitioner, by whom the diagnosis of insanity is usually made with great uncertainty.—*Northwestern Lancet.*

SURGICAL NOTES.

Lanoline rubbed into the red spot denoting an impending bed-sore is said to be an excellent application.

If in spite of our efforts a patient dies in shock, without reaction, the decision is not to be regretted, as we may be sure that he would have died sooner if an operation had been done. It is better that the patient die from his injury than from surgical interference.—*Dr. J. E. Tefft.*

The case is reported of a man, who had suffered from profuse hemorrhage after a severe gunshot wound of the left leg. Amputation being necessary, but the patient unfit for it, a pint and a half of three-quarters per cent saline solution was injected into his saphenous vein with marked improvement, and amputation just below the knee was performed. Circulation then failing again, another pint and a half was injected before he recovered from the other, and at once his pulse and color were greatly improved, and in a few hours he had completely rallied, and subsequently made a good and rapid recovery.—*Medical Press.*

Having observed the good results obtained from the application of rubber cloth to wounds upon which skin has been grafted, as well as to the surface from which the graft has been taken, Dr. A. P. Barber, of Saginaw, Michigan, has suggested a similar procedure in the treatment of burns and scalds. The burned surface is freely irrigated with carbolized water, all necrotic tissue removed and blebs punctured. Then the entire wound is snugly wrapped in rubber tissue that has been kept in a carbolized solution. Over this is placed absorbent cotton and a bandage. The advantages claimed for the dressing are that it relieves pain, that it does not adhere to the wound, that it excludes air, and that it protects the granulations, whilst preventing their exuberant growth.—*News.*

Shock may be defined as an impression made on the terminal nerves or nerve trunks, being conducted up to the central nervous system, resulting in a disturbance of one or more of the great vital functions, especially those of respiration and circulation. The pathological condition causing the symptoms termed shock, lies in the sympathetic nervous system, and is probably a paralysis of t vaso-motor centers. The perturbation of t vaso-motor nerves produces a spasmodic co traction of the minute blood vessels, and the lowered temperature, pallor and the concom tant symptoms are exhibited. These res are generally produced by violence applied some part of the body. The intensity of th resulting collapse will depend upon the s verity of the injury, the impressibility the individual and the part of the body in volved. Other things being equal, the d gree of shock in injuries to the extremit is less than in injuries of the trunk. I injuries of the abdominal viscera the sho is more severe than of the chest, although I have seen a patient die from puncture into the pleural cavity with a hypoderm needle for diagnostic purposes.—*Dr. W. I Ground.*

Antiseptics may actually favor infecti by diminishing the resistance of the cells the tissues to septic influences, or in the rea tion which takes place between the antisept and the vital fluids the properties of the form may be destroyed. This is especially ap plicable to corrosive sublimate. At pres the ideal antiseptic would seem to be peroxi of hydrogen, which not only destroys the organisms, but oxidizes the infected materi —*Dr. Roswell Park.*

For painless circumcision apply a ru ber band around the penis half an inch ba of the corona, in order to limit the effects the cocaine. Place a pillow on patient's ch to prevent his seeing the operation; the with a small blunt-pointed syringe, inject few drops of a freshly prepared 30 per c solution of cocaine into the preputial orifi Hold the end of the prepuce with the l hand, to prevent escape of the fluid, and w the right hand force the latter to come contact with the entire mucous membra Hold the prepuce in this manner for five six minutes, when the membrane will anæsthetized. Now inject the necessa amount of the solution into the tissues of t foreskin, taking care that the needle is pas through the mucous layer instead of throu the skin, pain being felt if the latter pro dure be adopted. The operation can be c ried out in this way without the slightest s sation of pain being felt. Absorbable su should be used.—*Dr. Overall.*

OBSTETRICAL NOTES.

An occasional drink of cold water will augment feeble labor pains more promptly and permanently than most oxytocics.

There is nothing more mysterious in medcine than the cures that often follow operations which are in themselves unsuccessful because no lesion is found that can be removed by surgical interference. An operation that is in itself a failure and at the same time a success may well be called a paradox, and such operations are by no means unusual; indeed they must have occurred in the practice of every surgeon of much experience.--*Northwest'n Lancet.*

I suppose there is hardly any subject which comes up in every day practice which takes the starch out of a man more than a delivery. I imagine there is not a member present who has not had the conceit taken out of him in trying to state when a baby is to be born and to get out of giving an answer to the inquiring mother. I can recall many a time when I have waited near the bedside all night, listening to groans for pains which seemingly amounted to nothing. In the morning I have examined my patient and found apparently little or no progress, gone home to breakfast and upon my return found the baby washed and dressed. I can remember at least ten cases where I have found the babies in the bed, even where I have lost no time in getting to the bedside, and by a curious stroke of luck they have several times been twins. I have never had a pair of twins decently born.—*Dr. A. E. Senpler.*

The diaphragm formed of muscular tissue bound together by fascia, is not different in structure in the so-called perineal body than elsewhere, and its only distinction in this situation is the accidental existence of more or less fat; but as this lies directly under the skin and anterior to the muscular structure, its addition can give no support from its presence. The structure at this point simply holds in check the sigmoid curve of the rectum from encroaching upon the vaginal canal, but could not, even if such a body existed, directly or indirectly give support either to the vagina or uterus. It can be clearly demonstrated that the uterus is supported and swung from above, as is every other organ in the body, and is kept with the vagina and rectum in position by the connective tissue and fascia of the pelvis.—*Dr. Thos. Addis Emmet.*

Let me warn you to resist the temptation of keeping the forceps on too long in your undue haste or excitement to deliver the woman. Make it your rule always to take them off when the head is well down and the perineum begins to bulge, unless the pains have stopped, or the woman is in puerperal convulsions, or she is in any condition demanding prompt delivery. By observing this precept you will at least avoid the accusation that "the doctor tore her with his instruments"; for indeed it is too true that the physician, in his haste to deliver, does often tear his patient either by a too hasty delivery or by pulling parallel with the long axis of the woman's body, instead of following the curve of the cervix.—*Dr. Goodell.*

It is taught by obstetricians that during the progress of labor the tissues gradually become softened down and are finally stretched sufficiently to admit the passage of the child's head. The truth of this I am inclined to doubt, for I believe the pelvic fascia is elastic to a very limited extent, and when it and the muscular structure reaches the condition of being softened or stretched to any extent, the result must be rupture of the parts involved. If the fascia were capable of being stretched to such a degree, its function would be destroyed, and it is not possible that the muscular tissue so closely invested by this fascia on the floor of the pelvis could be effected by any such change.—*Dr. Thomas Addis Emmet.*

What are the effects on the woman of removal of the tubes and ovaries? There are serious results, especially in young women, and while they may have escaped notice in the past, they should receive earnest consideration in the future. Remove the appendages in a young woman when the tubes are occluded and contain pus, and there they demand removal; it might result in a hyperæsthetic condition of the genital organs, such as is seen not uncommonly at the menopause. The uterus becomes small and atrophied and exceedingly hyperæsthetic; the nervous system is easily disturbed; if the woman is married, intercourse becomes painful, the vagina atrophied, even the external genitals become sensitive; the mucous membrane tears readily. These changes do not take place in all cases, but are observed in so many that I now state the facts to the patient before operating, so that she may decide whether to take the risk; and where it is practical, I leave a part of an ovary in order, in young women, not to bring on the menopause or completely unsex them. *Dr. W. Gill Wylie.*

ITEMS OF INTEREST.

The proof that the bacillus described by Pfeiffer is the *vera causa* of influenza is not absolute, but there is very strong presumption that it is.—*British Medical Journal.*

In a recent case before the United States Circuit in Missouri it was decided that the holder of a life insurance policy could recover, although the death was a suicide, and the policy expressly exempted the company from liability in such cases.

Formerly about one-half of the children in Durango, Mexico, died from the sting of the scorpion, but now nearly all the lives are saved, if taken in time, by the use of the strong tincture of Aconite, of which five or six drops are put in a tumbler half-full of water, and a teaspoonful given at frequent intervals.

The prevention of tuberculosis by isolating the sick, has been undertaken in the French army with results that warrant further trial. The plan is to subject all those about whom there is a suspicion of the tubercular dyscrasia to a three months' quarantine. The method has been partially applied for some time, and the death rate from phthisis in the army has dropped from 1.45 in the 1,000 to .99 in the thousand.

Newspaper "cures" of diphtheria are so frequently reported by flamboyant charlatans that it is of interest to learn that Nebraska City (Neb.) health officials have evolved a means of putting a quietus on such "cures." A local Nebraska City light reported in the newspapers that he had "cured" twenty-six cases of diphtheria. The health board had him arrested for failing to report them, whereupon he claimed that they were not "malignant."—*Med. Standard.*

Some years back a girl age twenty was admitted into St. Thomas's Hospital in a state of collapse; moist sounds were detected at the left apex, gangrenous bits of lung were expectorated with a very fœtid mucus. There was no history of blood spitting and she only occasionally vomited. At the *post mortem* an ulcer in the stomach was found communicating with a flat abscess between the liver and diaphragm, and this opened into the left lung; a few tubercles were discovered at the apex. This shows how one may be led astray in diagnosis, as the ulcer was never suspected before death.—*Dr. H. W. Thomas.*

The records of Yale College during the past eight years show that the non-smokers are twenty per cent taller than the smokers, twenty-five per cent heavier, and had sixty-six per cent more lung capacity. In the last graduating class at Amherst College, the non-smokers have gained in weight twenty-four per cent over the smokers; in height, thirty-seven per cent; in chest girth, forty-two per cent, and in lung capacity, eight and thirty-six hundredths cubic inches.

It is related that Prof. Billroth once stipulated to perform an operation on a Russian Jew, in a small town, for 5,000 marks. On making the journey he was informed that the Jew was dead, but to render him some equivalent for his loss, an offer was made for him to treat five hospital patients at 1,000 marks each. He accepted the offer, and before starting homeward learned that one of the patients whom he had just treated was the supposed dead man, who had received the Professor's services for one-fifth the original fee.

There is not on record any well-attested case of death from Cannabis indica. Potter says: "Death has never been produced;" Hare asserts: "No case of death from its use in man is on record;" Bartholow affirms: "Cases of acute poisoning have never been reported;" Stillé states: "We are not acquainted with any instance of death;" Wood declares: "Hemp is not a dangerous drug; even the largest doses do not compromise life. No acute fatal poisoning has been reported." A prolonged personal experience, compassing the history of many cases—men and women—and hundreds of doses, ranging from 30 to 60 minims of the fluid extract, has never brought any anxiety along toxic lines.

Sepsis is a very complicated condition, consisting of a poisoning by ptomaines, toxines and albumoses of widely varying strength and properties. On a previous occasion I called attention to the important function exerted by the liver in filtering out poisons formed in the intestinal canal before they reach the systemic circulation, and thus preventing septic intoxication in surgical cases. Intestinal toxæmia, or entero-sepsis, is of frequent occurrence, and the correctness of the above observation is confirmed by the excellent results obtained in various septic conditions by the administration of a purgative, which stimulates the liver and frees the alimentary canal from toxic materials.—*Dr. Roswell Park.*

The potato seems to be taking the place of laparotomy and gastrotomy in removing foreign bodies introduced into the alimentary canal. Several cases have been reported in which screws, nails, pins, etc., have been successfully carried through the alimentary canal of children who had swallowed them accidentally. Potatoes should be fed in large quantities, and as they leave a large residue, the foreign body becomes imbedded in them and passes off on moving the bowels with a mild laxative on the fifth or sixth day.

Bacteria are not insects or "bugs," but plants; they have, however, the power of spontaneous motion. Like other living things, they take in matter and potential energy, and give off matter and manifest energy. In common with all vegetables not possessing chlorophyl, they require organic food for the maintenance of life; but they can subsist on food that contains no proteid, being able to take nitrogen and sulphur from inorganic sources, and with carbon from organic sources, and water, build up proteid material. They share respiration in common with all living things, taking in oxygen and giving off carbon dioxide. Certain bacteria, however, do not require free oxygen, being able to unlock it from the substances in which they exist; and certain chemical processes attributable to them evidently depend upon this power of unlocking oxygen from stable compounds.—*Chemical News.*

The first land which has undertaken the legal regulation of the practice of hypnotism is Belgium. A few days ago the legislature adopted a law which, in all probability, will serve as a model for the legislative action of other countries. It declares that any one who exhibits publicly a person hypnotized by himself or others will be punished by imprisonment ranging from two weeks to six months, and be fined from $5 to $200; that any one not in possession of a physician's diploma who hypnotizes a person under twenty years of age, or not in the full possession of his faculties, will be punished by imprisonment and fine, whether the subject be exhibited or not: and that any one who allows a hypnotized person to sign a document or other paper, whatever its nature, with the object of fraud, will be punished by imprisonment. The same penalty threatens a persons who attempts to use a document signed by one while hypnotized. Tho people of Belgium have welcomed the adoption of the new law.

Chloralism has largely waned in the last half decade. The advent of other—though not better, in some respects, I am bound to say—hypnotics has lessened the growth of a toxic disease that, ten years ago, bade fair to assume large proportions and wreck some of the best in the land. Its victims came mainly from the educated rank of our people—brain-workers—those who by superzealous devotion to duty, or long exhausting vigils over mental toil, had banished the "sweet restorer." Many chloral inebriates were found among the large and—at that time more than now—enlarging number of morphine habitués who were impelled to its use by the inroads of the poppy along insomnic lines. So, too, among rum-takers; the marvelous power of chloral, in wooing the drowsy god, after a big debauch, led to its use—with or without medical counsel—that, at times, could only be called reckless, and that again and again brought the long last sleep.—*Dr. J. B. Mattison.*

The logical basis for the exclusion of books from the court room was once stated by Chief Justice Shaw, of Massachusetts, as follows: "Where books are thus offered (to be read in argument) they are in effect used as evidence and the substantial objection is that they are statements wanting the sanction of an oath; and the statement thus proposed is made by one not present, and not liable to cross-examination. If the same author were cross-examined and called to state the grounds of his opinion, he might himself alter or modify it, and it would be tested by a comparison with the opinions of others. Medical authors, like writers in other departments of science, have their various and conflicting theories, and often defend and sustain them with ingenuity. But as the whole range of medical literature is not open to persons of common experience, a passage may be found in one book favorable to a particular opinion, when perhaps the same opinion may have been vigorously contested and perhaps triumphantly overthrown by other medical authors whose works would not be likely to be known to counsel or client, or to court or jury."—*Henry A. Riley.*

It is stated on good authority that the number of persons affected with syphilis in the United States at the present time is about 2,000,000.

One of the brightest physicians of Portland and one of the ablest theologians of Bath were in the physiological room at Bowdoin Medical School not long ago, examining, in company with others, microscopic slides, showing certain peculiar glands of the intestines. The physician at once launched out into a brilliant discussion of the glands and their relation to various diseases. The theologian grew tired after a time, and finally said: "You doctors know so much about the uncertainties of this world that I should think you would not want to live." "You theologians," came the quick reply, "tell us so much about the certainties of the next that we don't want to die."

During 1887, 1888 and 1889, Melbourne was visited by an epidemic of typhoid fever. There are three hospitals in the city, the Melbourne with 318 beds; the Alfred with 144; and the Homœopathic with 60. During these three years, the Melbourne received 1,182 cases of typhoid, 181 of which or 15.3 per cent proved fatal; the Alfred had 998 cases with a mortality of 135 or 13.5 per cent, and the Homœopathic admitted 554 of whom 49 or 8.8 died. Of the total admissions to the Melbourne and Alfred hospitals typhoid fever supplied 12.79 per cent. Of the whole number admitted to the Homœopathic hospital during the three seasons typhoid furnished 36.37 per cent. Thus, not only was the mortality 5.65 per cent less under homœopathic than under any other form of treatment, but the recoveries from it in the Homœopathic hospital were so much more rapid, that this institution was able to receive three times as many patients (in proportion to the number of its beds) as were the Melbourne and the Alfred.—*Monthly Hom. Review.*

The tendency to fall into the habit of drugging is one to be strenuously resisted The more strictly homœopathy is adhered to the better would be the practice. At the present day wholesale drugging is more rife than it ever was. The amount of narcotics and specifics poured into patients is alarming. It would be better to let patients lie in bed a few days longer than attempt to cut short their illness by drugging. One great attraction of homœopathy is that it does away with drugging, but if allopathic palliatives were to be constantly resorted to this credit would be lost.—*Dr. Richard Hughes.*

MEDICAL COLLEGES.

University of Michigan.
Homœopathic Medical College.

The new hospital, built by the State for the exclusive use of the Homœopathic Department of the University, is completed. It is a large building, containing every modern improvement and accommodations for nearly a hundred patients.

The school opens October 1.

Chicago Homœopathic Medical College.

Chicago Homœopathic Medical College opened its seventeenth term September 20 by exercises in its building at Wood and York streets. Students and invited friends filled the room. Rev. Dr. Phillips, of the Western Avenue Methodist Church, opened the exercises with prayer. Professor W. F. Knoll delivered the principal address, reviewing the history of the medical profession, especially the homœopathic branch. The president of the college, Dr. J. S. Mitchell, delivered a short address. Seventeen members of the faculty were present. The class that entered at this session numbers 150 students and comprises the largest ever entering the college.

Hahnemann Medical College and Hospital.

The thirty-third annual opening exercises of the Hahnemann Medical College and Hospital were held September 20 in the hospital amphitheater at 8 o'clock. Several hundred students and friends of the institution were present.

Major Henry A. Rust, chairman of the Building committee, reported that the new college building was approaching completion and gave an interesting account of the progress made in securing funds. This letter, addressed to the trustees, was read by him:

"I hereby agree to donate to the trustees of Hahnemann College $40,000 as an endowment fund for the support and maintenance of Hahnemann Hospital when the trustees shall have erected the hospital building according to present plans and the same is in running order. I desire also, if it does not conflict with the best interests of the hospital, that half the proceeds of said sum shall be devoted to the support of four free surgical beds to be at the disposal of my physician, Dr. G. F. Shears. C. E. Haskell."

THE MEDICAL ERA

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Changes of address cannot be made unless the old address, as well as the new, is given.

Books, Exchanges, MSS., and communications intended for the Editorial Department, should be sent to

CH. GATCHELL, M.D., *Ann Arbor, Mich.*

DR. J. M. PATTERSON has moved to Champaign, Ill., and entered into partnership with Dr. P. S. Replogle.

DR. PEMBERTON DUDLEY, General Secretary of the Institute, has removed to No. 1405 N. 16th street, Philadelphia.

DR. T. E. ROBERTS, of Oak Park, was married Sept. 27, to Miss Alice Hurlbut, daughter of Mr. and Mrs. Samuel E. Hurlbut.

DR. A. C. COWPERTHWAITE has resigned from Iowa University, and becomes Professor of Materia Medica in the Chicago Homœopathic Medical College.

One to Six Thousand.

(1:6000.)

A pepsin that will completely digest 6,000 times its weight of coagulated egg-albumen with the conditions of the U. S. P. test, is the highest test pepsin ever introduced. This is accomplished by the WEBBER-PEPSIN, S. & D., which is perfectly soluble, free from mucus and putrescible matter, and so palatable that the most fastidious patient will take it readily.

As physicians, we have a right to demand the best pharmaceuticals. Sharp & Dohme now tell us that they have the best pepsin in the market.

To *claim* superiority is easy, very easy—to *prove* it, at times difficult, impossible. S. & D. *claim* that Webber-Pepsin, S. & D., is a soluble, non-hygroscopic, inodorous, permanent pepsin. Our readers can prove or disprove these statements as samples will be sent upon application.

Orificial Surgeons Elect Officers.

The fifth annual session of the American Association of Orificial Surgeons completed its labors Sept. 12, and adjourned to meet in Chicago during September, 1893. The final meeting was devoted to a reading and discussion of papers and the election of officers. Officers for the ensuing year were elected as follows: President, Dr. H. E. Heebe, Sydney, O.; Vice-Presidents, Dr. H. P. Skiles, Chicago, and Charles A. Church, Passaic, N. J.; Secretary, Dr. Emmett L. Smith, Chicago; Treasurer, Dr. Francis D. Holbrook, Chicago; Board of Censors, Dr. C. S. Eldridge, Chicago, Dr. S. H. Linn, Rochester, N. Y.; Dr. J. H. Wilson, Bellefontaine, O.

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Triturations. Our Triturations are the best that can be made, and are offered at the following low prices: 4 oz. by weight, 35 cts; 8 oz. 60 cts; 16 oz. $1.00. Our Triturator is the result on our part of much experimental labor and great expense, and we regard it as fully equal if not superior to any in use.

Suppositories. We make a specialty of this class of goods. Send for full list. Per doz., 25 cts; per gross, ...$2.50

Geranium Compound Suppository, for most Uterine difficulties, from a formula by Dr. Hale, is attracting much attention. Send for descriptive circular. Retail price, $1.00. To physicians, 75cts.; or one dozen boxes for.. .. ..$6 00

Hydrastia Tonic. A prominent homœopathic physician has given us the formula for a *Restorative* tonic, the basis of which is the highly valued remedy *Hydrastis Canadensis.* This preparation is for the purpose of enriching *the blood, and imparting a healthy tone to the nervous system.* It does this by arousing a *normal appetite, stimulating digestion and assimilation,* and thus aids in supplying the tissues with their proper food. It is useful in all conditions of physical debility from exhausting diseases, loss of fluids, or mental depression, and will agree with the most delicate stomach. Put up in pint bottles at 75 cts. to physicians, or per gallon in jug $5.00

A Discount of 20 per cent on Books to Physicians.

GROSS & DELBRIDGE, 48 Madison Street, Chicago.

THEY SAY

That hatred of vice is not of itself a positive virtue.

THAT the aroma of cloves is the breath of suspicion.

THAT the best way to keep a diary is to keep it clean.

THAT if variety is the spice of life, novelty is the allspice.

THAT an hour lost will get behind you and chase you forever.

THAT the devil is an artist who paints things in very bright colors.

THAT no sinners are so intolerant as those who have just turned saint.

THAT it is better to agree to disagree than to agree to be disagreeable.

THAT there is something as good as bravery in getting scared in time.

THAT people who blow their own horn always play dreadfully out of tune.

THAT the promising young man is still in great demand among his creditors.

THAT great men owe their fame to the littleness of the rest of the world.

THAT drinking to your friend's health may have a bad effect on your own.

THAT we always admire the wisdom of those who come to ask us for advice.

THAT the man who can't find anything to do is generally afraid that he will.

THAT the troubles that trouble us most are the troubles that never happen.

THAT many a man is early sent to fill his stone sarcophagus by pouring water cooled with ice adown his own œsophagus.

THAT when a man starts out to reform h he has undertaken a life-long job.

THAT most people's idea of the forgive sin is the privilege to go on sinning.

THAT the good die young, but the wick to grow up and lie about the weather.

THAT it is a waste of time to try to argu a woman who has her mind made up.

THAT the leading characteristic of a pa is that they never agree on the diagnosis.

THAT some people who were born gre to be trying very earnestly to live it down.

THAT absence makes the heart grow f but presents make it glow like the full moo

THAT the man who thinks he can't sure to be right about it, for he has alrea

THAT the sun's heat will give out in ooo years more, but you needn't worry a

THAT there is no character which narrow-minded man distrusts so much as that of a g man.

THAT your friend may be the soul of ho ity, but he is not apt to forget that it is treat.

THAT some hard-headed people object lieving anything that they can believe an effort.

THAT one-half the world will never kn the other half lives so long as flats are built out air-shafts.

THAT there is no particular harm in a hobby if you don't compel others to get on ride with you.

THAT there are only two objections to C ian science—one is that it is not Christi the other that it is not science.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

. X. CHICAGO, NOVEMBER, 1892. No. 11.

CH. GATCHELL, M.D., EDITOR.

)RLD'S CONGRESS AUXILIARY.

:t us have parliaments of the leaders of men con- from all lands under the sun."

icago has covered herself with glory.
ıe most memorable days in the history
is great metropolis have just passed. A
.ccount has been heralded to the world.
"White City" has received its dedica-

Its colossal structures, its fairy palaces, belong to all mankind.

.e only exercises that are of direct interest
: medical profession, are those covering
edicatory ceremonies of the World's Con-
Auxiliary.

e evening of October twenty-first an im-
: assemblage gathered in the Auditorium
:en to the address of Archbishop Ireland.
s masterful oration the distinguished
er set forth the wonderful power for good
: great Congresses that will assemble to
the world that it is "not things, but
' that build up humanity and represent
ghest products of progress.

stating the purpose of the Congress, the
er said:

e organization known as the Auxiliary Congress ıtegral part of the Columbian Exposition, whose ırs authorize and support it. It has received he United States Government recognition and al. Its special mission is to organize and cause ıeld international conventions of the scholars rkers of the world along all the lines of human ıs in the various departments of civilized life. veral Congresses will bring into actual contact ders in the several departments of thought. inking world will be under our eyes; the whole of modern activity will be under our touch. chools for learners! What workshops of new where mind in friction with mind provokes ıigher flights and rises into broader vistas of

There will be held more than one hundred congresses, the first one May fifteenth, the last one October sixteenth, 1893. Some of these will be attended by more than fifty thousand people. The Congress of Homœopathic Physicians and Surgeons will begin its sessions May twenty-ninth, and continue one week. Already the indications are that three thousand physicians of our school will be in attendance, and this number is likely to be exceeded. No one yet heard from has sent an adverse reply. Not a "regret" has yet been received. From far-off India several acceptances have already come.

The World's Congresses of 1893 will be held in the permanent Memorial Art Palace, erected on the Lake-Front Park through the coöperation of the Art Institute of Chicago, the City of Chicago and the directory of the Exposition. This palace will have two large audience rooms, arranged to seat about three thousand persons each, and more than twenty smaller rooms, which will accommodate from 300 to 700 each. It will thus be possible to have two general congresses and twenty special congresses, or conferences, in session at the same time, and three times that number of meetings each day by arranging special programs for morning, afternoon, and evening sessions, should that be found desirable. It is expected that most of the programs will be ready for announcement before the close of the present year, so that all parties interested will have plenty of opportunity to prepare for the work.

The dedicatory ceremonies have already been held. Now begins earnest work. In the words of the eloquent Archbishop,

Let us have parliaments of the leaders of men convoked from all lands under the sun.

WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

This month we present to the readers of the ERA a list of the Sections arranged by the Committee of the World's Congress of Homœopathic Physicians and Surgeons, together with the names of the Chairmen of the Sections.

SECTIONS.

GYNECOLOGY, O. S. RUNNELS, M.D., CHAIRMAN, Indianapolis.

MATERIA MEDICA, A. C. COWPERTHWAITE, M.D., CHAIRMAN, Chicago.

CLINICAL MEDICINE, CHAS. GATCHELL, M.D., CHAIRMAN, Ann Arbor.

OBSTETRICS, T. G. COMSTOCK, M.D., CHAIRMAN, St. Louis.

SURGERY, WM. B. VAN LENNEP, M.D., CHAIRMAN, Philadelphia.

OPHTHALMOLOGY & OTOLOGY, A. B. NORTON, M.D., CHAIRMAN, New York.

PÆDOLOGY, EMILY V. PARDEE, M.D., CHAIRMAN, Hartford.

MENTAL & NERVOUS DISEASES, SELDEN H. TALCOTT, M.D., CHAIRMAN, New York.

LARYNGOLOGY & RHINOLOGY, H. F. IVINS, M.D., CHAIRMAN, Philadelphia.

The subjects, as will be seen, cover the entire field of practical medicine and surgery. Each Chairman will appoint eight essayists, each of whom will prepare and read a paper on some subject appropriate to the Section. Two debaters, to be previously designated, will discuss the subject presented in the paper, after which all who desire will be afforded an opportunity to speak.

Much care and labor will be given to all matter presented in the Sections, and the general interest will be such as to warrant the opinion that the occasion will be worthy of a large attendance, and a generous coöperation on the part of every homœopathic physician in the world.

In addition to the work done in the Sections, there will be addresses on subjects of general interest delivered by distinguished members of our school, both American and foreign. We here give the names of those who have been appointed by the committee to deliver addresses, together with the topics assigned to each.

ADDRESSES.

R. LUDLAM, M.D., Chicago.
The Homœopathic School and Public Health.

A. VON VILLERS, M.D., Germany.
Historical Development of Homœopathy in Germany.

RICHARD HUGHES, M.D., England.
The Further Improvement of our Materia Medica.

P. JOUSSET, M.D., Paris.
Homœopathy and Prophylaxis.

F. PARK LEWIS, M.D., New York.
The Value of Specialties in Medicine.

A. HAUPT, M.D., Germany.
Bacteriology.

A. C. POPE, M.D., England.
The Value of Efforts to enlighten the Public on Homœopathy.

J. D. BUCK, M.D., Cincinnati.
The Relation of Adjuvants to Therapeutics.

I. T. TALBOT, M.D., Boston.
Medical Education in the Homœopathic Colleges and Hospitals of the United States.

J. P. DAKE, M. D., Nashville.
The Materia Medica of the Future.

T. F. ALLEN, M.D., New York.
The Selection of the Homœopathic Remedy.

Other preparations for the Congress are being pushed vigorously, and the profession may be assured that nothing will be left undone to make it worthy of the occasion, and worthy of our school.

The chairman of the committee on local arrangements reports that already many applications for rooms in the "Great Northern" hotel have been received and filed.

The chairman of the Congress has recently said, "There is evidence at this date that it will be the largest and most representative medical gathering held in connection with the World's Exposition."

We appeal to every reader of THE MEDICAL ERA to make preparations to attend this, the largest meeting of homœopathic physicians that the world will ever have seen.

"THE MODE OF PROPAGATION OF THE ASIATIC CHOLERA."

Genius is prophetic.

Long before the days of PASTEUR and KOCH, long before the development of the science of bacteriology, lived HAHNEMANN. But even at this early day his prophetic gen-

:nabled him to discern that which modern ıce has since demonstrated.

ı 1831—two years after the cholera first ed Europe—HAHNEMANN published a phlet entitled "The Mode of Propagation ıe Asiatic Cholera." In this he used the wing language:

ı board ships..... the cholera-miasm finds a fav- ɜ element for its multiplication, and grows into ormously increased brood of those excessively e, invisible, living creatures, so inimical to hu- ife, of which the contagious matter of the cholera probably consists.....The cause of this is un- edly the invisible cloud.....which is composed of bly millions of those miasmatic animated beings, at first developed on the broad, marshy, tepid s ...Physicians and nurses.....now take with them in their clothes, in their skin, in their probably also in their breath, the invisible (prob- nimated) and perpetually reproductive contag- atter surrounding the cholera patient they have sited."

us in the absence of the demonstrations we possess today, HAHNEMANN practi- expressed himself in favor of the germ y of disease. Not only this, but, so far dence at hand indicates, he was the first gest that cholera belongs to this class eases, and that the infectious principle ts of "excessively minute living crea- "

ıay well be a source of pride to the ers of our school that its great founder ok such advanced ground, and that these ns of 1831 have become the facts of 1892. same time it is a rebuke to those Bour- who "don't take any stock in the germ ," and who affect to believe that it is question of "bugs." However, these ır people are now insignificant in num- s they always have been insignificant onality.

---

e mode of propagation of Asiatic chol- as been recently investigated by a news- eporter who entered upon the task, no with the expectation of immortalizing . He has succeeded in so far that he de of himself an immortal fool. He ı himself inoculated by PROF. HAFF- t Paris. Then he went to Hamburg, the Krankenhaus, and indulged in a f choleraic orgies worthy of the Asi- atic spectre itself. The details were given to the world in two-column doses in a series of the most silly and sickly, ghastly and hysterical accounts that ever disgraced the pages of a paper.

And all for what? For *nothing!* Nothing was gained by it, nothing was proved. It was as useless an experiment as man ever tried. Supposing this clown did drink Elbe water? Supposing he did sleep in a soiled bed which had been occupied by a cholera patient? Supposing he did eat with unwashed hands? What of it? It only showed how filthy he could be. But as to the value of HAFFKINE'S inoculation, it proved nothing. Notwithstanding all his hysterical efforts, it is not certain that a single spirillum of cholera ever passed his lips. Even if it were otherwise, even if he had deliberately taken the unadulterated article, the act would have been equally without significance. Others have gone to this extreme, and without result. A French physician, without previous preventive inoculation, has ingested choleraic matter, and passed through the ordeal without any disturbance of health. KLEIN, in KOCH'S laboratory, swallowed pellets containing choleraic matter, and was unscathed.

The conclusion is that not every one into whose system the cholera germs enter, develops cholera. The further conclusion is that the hysterical correspondent may be written down an ass, and the paper that he represented an exceedingly sensational sheet.

TWO HUNDRED AND FIFTY DOLLARS TO HOMŒOPATHIC PHYSICIANS.

At the same time that a Philadelphia medical editor is engaged in an effort to "show up the ridiculousness of homœopathy", a New York business editor is doing what he can to popularize it. He says:

"The editor of POMEROY'S *Advance Thought* is a very positive believer in and advocate of homœopathic treatment and remedies, and believes also that the general health of the people would be at least thirty per cent better than it is at present were there no allopathic patients in this country."

In addition to expressing this very flattering opinion, the editor promises to give $250 to that homœopathic physician, who, between 1 o'clock in the morning of November 1, 1892, and the even date in 1893, "attends the most confinement cases, and brings the largest number of living children into the world."

This is a practical method of promoting a cause. We wish Editor POMEROY success in booming his paper, and we predict that the prize will be captured by a Chicago physician.

WANTS TO MAKE THE ACQUAINTANCE OF CHILDREN.

PERSONAL—FREE—HOMEOPATHIC PHYSICIAN recently located will treat free, remedies included, a limited number; children preferred: object, acquaintance. Address R 85, Tribune office.

A practical philanthropist has come into our midst.

His name is "R 85."

He has but "recently located," and he is correspondingly lonesome.

He wants acquaintances; and he prefers that those acquaintances should be children; "children preferred" is what he says.

His reason for preferring children he does not state, but we presume it is because children are innocent and without guile, and, therefore, more apt to be "taken in," by "R 85" who says that his "object" is "acquaintance."

The scheme that "R 85," is trying to work is even more philanthropic than that of "Munyon" of Wabash Avenue. "Munyon" charges for the medicine, while "R. 85" throws it in free.

Through the aid of a decoy letter we have established the identity of "R. 85," and his business card now reposes quietly in a pigeonhole of our desk. But this need not cause him any uneasiness. We will not "give him away." His secret is safe in our keeping. We will not betray him, even though he may repeat his experiment. Let him continue to make the acquaintance of children, and "treat free, remedies included." He will probably not disturb the labor market to any great extent with his free dispensary, and he may succeed in curing an occasional toothache.

Not many years ago a certain graduate of a homœopathic college of this city located in a city in Kansas. Like "R 85," he wanted to make "acquaintances," and to lure victims to his office. In order to facilitate this process he had printed a number of tickets similar to those issued by barbers, which entitle the holder to "ten shaves for a dollar." The tickets prepared by the Kansas doctor were "Good for Ten Prescriptions," and had numbers along the margins, to be punched out. These tickets the doctor distributed gratuitously, handing one to each new acquaintance that he made. His efforts bore fruit, and today he has a large practice.

Here we have two new and original methods of starting a practice.

But what becomes of the code of ethics? What becomes of our noble profession? What becomes of common decency?

They are finely comminuted, and the particles cast to the wind.

For shame! For shame, "R 85" and Kansas doctor. Why can't you be manly? Why can't you show yourselves worthy of the profession that you have tried to enter, and abandon such cheap and nasty tricks? Why stoop to the methods of the barber and the bootblack, while pretending to be members of a noble and honorable profession?

True it is, that there are not too many physicians in the world, but there are too many who pretend to be such.

Aseptic surgery is a misnomer, and the term should never have been introduced into surgical literature. It is only a source of confusion, and leads many who are not thoroughly grounded on our present knowledge of wound infection, suppuration, and putrefactive decomposition, to ignore the great truths which the herculean efforts of Lister have taught us. At best, with all the antiseptic methods, and the best antiseptic methods known to science, we can only approximate the ideal state of freedom from sepsis.—*Dr. Horace Packard.*

OPINIONS EXPRESSED.

:t us have parliaments of the leaders of convoked from all lands under the sun. *rchbishop Ireland.*

o previous ceremonial can be compared this in its wide significance and reach.—*ry Watterson.*

ıe attention of all peoples concerned in an progress is fixed upon Chicago.—*Vice-ident Morton.*

is not strange that woman is drinking ly of the long-denied fountain of knowl-.—*Mrs. Potter Palmer.*

ere all nations are to meet in laudable lation on the fields of art, science and stry.—*Hon. Geo. R. Davis.*

od always has in training some com-ding genius for the control of great crises ıe affairs of nations and peoples.—*Chaun-M. Depew.*

hese surrounding acres stand trans-ed by art and science into a beauty and deur unrivalled by any other spot on ı.—*H. N. Higinbotham.*

ıere are no more continents to discover, :here is much to do to make both hemi-res the home of intelligence, virtue and ıiness.—*Hon. T. W. Palmer.*

'hat is there greater than all the results e thought, the labor of man? Is not then himself the designer, the maker of his :s? Bring hither, then, mind. Bring —not merely the millions anxious to see to learn. These do we need; they do not :e. Bring the thinkers, the workers, the lars, the apostles of action.—*Archbishop nd.*

ıe practice of medicine is peculiar. La-refined and delicate, will sometimes pre-man to attend them in confinement who es about him continually the odor of a g pipe, who perhaps drinks, or is satura-rith drugs, who employs his time at man-abor on a farm, and who has not opened :dical journal for years, to the man who prepared himself for such work by a life ıdy. In other walks of life the "bubble :ation" is lost by a single slip apparently, , physician can be in the "gutter" and :hose who will employ him.—*Dr. G. S. ett.*

ORIGINAL ARTICLES.

THE BACTERIOLOGY OF CHOLERA.

BY W. F. KNOLL, M.D.
CHICAGO.

[Read before the Chicago Academy of Homœopathic Physicians and Surgeons, Oct. 6, 1892.]

IN 1883, when cholera, after a respite of ten years, threatened to invade again the whole of Europe, several governments organized and sent out scientific commissions to learn the real cause of the disease and the best method of limiting its extension. The German commission was placed under the charge of Prof. Robert Koch who started immediately for India, the reputed home and origin of cholera. After several months of most careful work he sent a report to his Government in which he claimed to have found the cause of cholera, and that he had the germs of the peculiar micro-organism in culture substance outside of the body.

He began his work by examining all the discharges from affected individuals, fæces and gastric ejections, and in a short time he discovered a peculiar spiral bacterium in each and every patient, and the number of these bacteria and the severity of the disease always sustained a definite and proportionate relation. In the localities where this disease is endemic he found the same germ present in the pools, stagnant water and in the moist earth.

The bacteria have a spiral or S-shaped form, and as several are usually fastened together, end to end, they seem to form a series of coils, and therefore, Koch has given them the scientific name of "Spirillum Choleræ Asiaticæ," and a vulgar name of "comma bacillus."

There are several peculiarities of these germs which are of great interest and which are now well understood. It never was observed by Koch, although claimed by Hueppe, that the cholera germs have spores, and it is generally concluded that instead of multiplying by sporulation they have an endogenous development. They are exceedingly sensitive to temperature, chemicals, and the presence of other bacteria. They grow best at a temperature of about 97 degrees F., and when it rises above 130 degrees F., or falls below 40 degrees F., they succumb to the thermic influence. In the presence of mineral acids and mineral germicidal solutions they show a most feeble resistance. Nitric acid, sulphuric acid, bichloride of mercury and zinc sulphate

are fatal to them in a very weak solution—destroying life in a few seconds of time. While on the other hand vegetable acids and germicidal preparations of vegetable origin have little or no effect upon them, except in a concentrated form. The acid of the gastric juice, if in a normal, healthful state in sufficient quantity is also fatal to the germ. Alkalies are resisted in a most remarkable degree, and it is by the aid of this characteristic that a differential diagnosis is made between the comma bacillus and other forms of bacteria. The cholera germ thrives best, outside of the body, in buillons highly diluted containing peptone.

If we suspect that we are in possession of cholera bacteria, some of the discharges are turned into a plate containing the diluted buillon and then placed in an incubator for 24 or 48 hours. If the cultures grow rapidly and show a peculiar colonial growth which is quickly checked by adding a weak solution of sulphuric acid, it is positive evidence that we are dealing with the cholera bacillus. In the conflict with the germs of putrefaction in decomposing matter, the cholera germ is almost always conquered early, and it has been only in a few instances that the germs are found in the fæces of cholera patients if putrefaction has been well established. Koch succeeded, however, in finding the comma bacillus in the Indian tanks which are found in the low, marshy grounds in India and which receive the filth and offal of the surrounding territory and from which in turn the inhabitants get their drinking water.

The favorite place for the rapid development of the comma bacillus is the small intestine, with its marked alkaline reaction. It is a remarkable fact that there it grows more rapidly and obtains a more perfect development than anywhere else, except, perhaps, in specially prepared culture substances.

The experimenters alike have had great difficulty in showing that the comma bacillus is the causative factor in Asiatic cholera, from the fact that the lower animals such as the guinea pig, rabbit, cat and dog are, under ordinary conditions, proof against this disease, and it is only by using certain preparatory measures that animals can be successfully inoculated. A pig was taken and a catheter passed into the stomach, and through this enough of a solution of bicarbonate of soda was injected to make the stomach alkaline. Then opium was thrown under the skin of the abdomen just over the intestines, and the vermicular actions of those organs stopped. As soon as the pig laid down from the effects of the narcotic the needle was again introduced and a quantity of cholera buillon injected. The animal soon recovered from the effects of the opium and for a few hours was unusually active, but in ten to twelve hours its respiration was hastened, it refused food and showed paralytic weakness of the hind limbs and in twenty-four to forty-eight hours it died. The pig never vomits, and as the animal has an extraordinary cæcum there is no diarrhea, but on a post-mortem this organ was filled with the peculiar watery fluid and it contained an abundance of the comma bacilli. The intestines were congested and all the lesions were found in them that have been seen so frequently in man.

During the so-called "Course on Cholera," at the Imperial Board of Health, delivered for the purpose of making the comma bacillus better known and of instructing the public on measures to prevent the spread of cholera, one of the attendants having neglected the necessary precautions, which had been given him, was infected by the bacteria and fell sick from a violent attack of cholerine. He had very frequent and colorless discharges, great weakness, unquenchable thirst and almost complete suppression of urine. He also had the cramps in the limbs and the pain in the soles of the feet, and the genuine cholera bacillus was found in the fæces. During my course on bacteriology in the Pathological Institute in Vienna, under Prof. Wachselbaum, while working with cholera culture, we were warned against touching them with our hands or putting instruments to our lips which had been used in carrying culture from one fluid to another.

The cholera bacillus differs in another important particular from most other germs, viz., dessication usually destroys it. They thrive in the presence of a liquid, but when the liquid has been evaporated, the germ usually succumbs.

There was only one material which, freed from moisture, carried living germs for any length of time, and that was silk. All other germs will live in a dessicated state and are carried in all directions by the action of the air, but the cholera germ can not, and that accounts for the fact that it usually travels along waterways or with man, who furnishes the best conditions for its development.

The questions naturally arise, How do bac-

ia get into the body? Where are they ınd in the body? What lesions do they ɔduce, and what are the preventive measures ıich the common people as well as the :dical profession should understand and ob-ve? Since cholera bacilli usually die with ısication, and hence are not carried about the air in a living state, the often expressed ief that "the disease is in the air" is an possibility, and it is a remarkable fact that t one of the observers saw any evidence of ection which had taken place through the piratory tract. They always get into the ly through the openings of the alimentary ct, and usually in combination with food l drink. Water, and green succulent vege-ɔles are the common carriers of this fatal emy of man.

The juices of the stomach in man, except ring active digestion, are alkaline in reac-n, and since so many people are in the ɔit of eating a little fruit or taking a drink water at any and all times, the germ easily ıses the gauntlet of the stomach and finds a nfortable home in the intestines. Except in : lower animals where the germs are thrown ectly into the blood, they are never found ywhere except in the alimentary canal. ıis has been so thoroughly demonstrated by many different observers that it is accepted ke by all.

The germ never gets outside of the canal, l all the pathological lesions it produces are ınd here. The duodenum is more or less ed with a watery, colorless fluid, which in ne instances resembles gruel. The intes-al mucous membrane is swollen and red-ıed, most noticeable in the region about ıhin's valve, but the reddening and swell-; is often restricted to the borders of the nph follicles and Peyer's patches. The ɔstance of the intestinal wall about these ches is frequently entered. The tubular nds are always filled with bacteria, and the thelium is often raised by the insinuations the germs between it and the basement mbrane.

The rest of the body shows no lesions, and ce those of the intestines are not sufficient themselves to produce death, what then ıses the fatal result?

That the intestine is the real seat of the ions of the germs, and that the pathological truction is accomplished here admits of no ıbt, but we must look further for the noxus rbi. With the diarrhea, vomiting, etc., which point to active disease changes in the alimentary canal, there are the symptoms of general suffering, increased weakness of the heart, terminating in a complete stoppage of the circulation, lowering of the temperature, superficial respiration and spasms of muscles. These show clearly that other parts of the body are also affected, and although no bacteria are found there, and no traces of their work can be seen, they are, nevertheless, responsible for all these phenomena. Koch says that the cholera germ produces, while developing in the intestine, a violently toxic ptomaine, which is absorbed by the blood, and which accounts for all the general constitutional symptoms. Prof. Breger has recently made a series of experiments, and confirms all that Koch has claimed. It is a well-known fact that germs in themselves do not often produce death, but the fatal work is done by poisonous ptomaines, which are the products of germ action.

When cholera has once made its appearance and there is danger that it will gradually extend over the whole civilized world along the commercial highways, sanitary measures of a two-fold nature must be actively instituted.

Every person affected with cholera should be immediately isolated, and have in attendance only those who are perfectly cognizant of the character of the disease they have to deal with, and the hygienic measures to be employed to avoid the dissemination of the virus. All the discharges should be received in a vessel which contains a quantity of some good, reliable antiseptic solution. The three best known are nitric acid, 1-300; sulphuric acid, 1-500; corrosive sublimate, 1-3,000. The cheaper and more common antiseptics are carbolic acid 2 per cent; zinc sulphate, 1 per cent; cupric sulphate, 1 per cent; ferrum sulphate, 2 per cent; zinc chloride 1 per cent; muriatic acid 1 per cent. Any good and reliable germicide obtained from the inorganic world is a safe remedy for killing the germ of cholera.

If any linen or bed-clothing is soiled it should be at once immersed in this solution and then subject to boiling heat for at least fifteen minutes. If any of the discharges are thrown into privy vaults or if they have been dumped into the sewer, by way of the water closet a large quantity of antiseptic solution should be thrown into these places. Every one, however, should be instructed never to dispose of any refuse and discharges from the

patient which has not been first treated by germicidal preparation.

Whole towns and neighborhoods have been infected by the careless disposal of the discharges from a single cholera patient. After the patient has recovered and is ready to be removed from his room he should have a bichloride bath and the room, with everything in it, subject to a thorough fumigation. The articles of furniture which can be washed, clothing which can be boiled should be treated in the most thorough manner. The attendants and all their clothing and household utensils should receive the same thorough disinfection. The people in the vicinity should give special attention to diet and manner of living. They should eat and drink only three times per day and never place anything into the mouth which has not been thoroughly cooked. This includes water, liquids of any kind, fruits, vegetables and every variety of foods. If every person were to observe this one simple rule of living there would be but little reason to fear the spread of cholera.

At sea ports and ports of entry no vessel which comes from an infected country should be permitted to land its passengers or cargo until the vessel has been detained for at least nine days and a thorough medical inspection made.

If infected cases are found the passengers should be confined to the vessel or landed in some isolated place and kept there until the disease is absolutely stamped out among them.

The merchandise, if it is of a character which can be disinfected by fumigation, should receive repeated fumigations and such of the cargo as cannot be made free of the disease by this method should be either boiled or consumed.

The wisdom of prohibitory importation against infected countries has never received the attention which it deserves. It is generally conceded that cholera found its entrance into New York city by the merchandise which the infected vessels carried instead of by inoculated persons who had taken passage on them. Although the germs usually die by dessication, yet goods which are carried by vessel hold enough moisture to preserve the life of germs. The greatest precaution is required in the care of water and water supply to our houses. In this, as in several other particulars, cholera and typhoid fever are alike.

A few cholera germs thrown into a stream which supplies water to a city are sufficient to infect the whole population. Water is the best medium outside of the body for cholera germs to grow in, and as it is, excepting air, the most universal of all human foods, its supply therefore to man should receive the most vigilant and scrupulous attention. If there is a general epidemic then all commerce and business except such as is necessary to furnish food supply should be suspended, and the public instructed by printed pamphlets how to take care of the sick and avert by disinfection the further dissemination of the disease.

Cholera is now well understood and if it ever again becomes a general epidemic it must be charged to the ignorance and negligence of our citizens. It is being stamped out at the present time, and so long as we observe the rules of our better sanitarians it always can be.

740 Washington Boulevard.

NEW THERAPEUTIC AGENTS.

By CLIFFORD MITCHELL, M.D.
CHICAGO.

EVERY new drug is in danger from two sources: first, from those who use it right-and-left in every case of the disease for which it is vaunted to be a specific, and, second, from those who pooh-pooh it because it is new, and will not use it at all. Failures and contradictory testimony are inevitable and often a really good thing in its place is thrown aside because of failure when used out of place. Failures to cure, if carefully studied, are of the utmost value in determining the real worth of a drug, and, if greater discrimination were observed, much discouragement and pessimism might be avoided. For example, first comes the scanty note that a certain new remedy is of value in the treatment of Bright's disease. Forthwith it is used indiscriminately in all cases, and without any noticeable effect by many, for the reason that there are at least eight different pathological conditions grouped under the head of Bright's disease, each one of which has an etiology of considerable breadth. Any drug, mineral water or operation which would straddle all these conditions at once would be a therapeutic wonder, and, in my opinion, will never be discovered. Millard has very properly criticised the statements so often made that such-and-such a drug is good *in* Bright's disease.

We deplore any such tendency toward pigeonhole therapeutics.

Lactate of Strontium.

So far as is known the indications for the use of Strontium lactate are as follows: Scanty urine loaded with albumin; uræmia impending but as yet no convulsions, coma, etc.; in patients without fever.*

The drug is of service in parenchymatous cases rather than in interstitial; is said to diminish albumin in the highly albuminous urine in cases of pregnancy and the puerperal state; has been found useful in the parenchymatous nephritis of rheumatism and gout.

Salts of strontium have in the past been in disfavor on account of impurities, due to presence of toxic barium compounds. It is claimed that salts of strontium are now manufactured which are free from barium. Solutions of potassic chromate should give no immediate precipitate with solutions of salts of strontium, and solutions of potassic dichromate should give no precipitate at all.

Finally, the patient to whom the strontium is given should be put on non-nitrogenous diet, as is usual in cases where albumin is present in abundance.

Sizygium Jambolanam.

This drug is undoubtedly of benefit in certain cases of diabetes, but is by no means a specific. The indications for it are to be found in mild cases of diabetes where the sugar is not in large percentage. Diet is also necessary. In the sudden, severe and rapid cases in lean patients,—the so-called "pancreatic cases,"—Sizygium is said to be harmful. In one case in which I used it, in an elderly, stout man, with three per cent of sugar in his urine but no other marked symptoms, the sugar was reduced to less than 100 grains daily, the urine diminished in quantity and the patient subsequently walked fifty miles with me in a mountainous country in the space of two days, not only without injury but with positive benefit!

The question has arisen in my mind, therefore, whether mountain climbing, carefully undertaken, may not prove as beneficial to some fat diabetics as to some fat people without diabetes. The patient mentioned above was by no means rigorous in his diet, though in a general way he avoided sweets and starches, while under treatment.

70 STATE STREET.

* It is claimed by Paul to have been successful even in febrile cases of parenchymatous nephritis.

SUDDEN DEATH IN PNEUMONIA.

BY A. K. CRAWFORD M.D.

CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 10-12, 1892].

WHILE a case of acute or croupous pneumonia is running its course the physician in attendance can never be said to feel easy in his mind, for he is full of misgivings, and knows not what the morrow may bring forth. There are so many chances for evil work to be accomplished that a few hours' absence may decide the question of life against the patient. The family history, the recent mode of life of the afflicted one, the possibility of any one of a long list of complications invading the subject; the extension of the hepatized area to fresh portions of the involved lung, or its invasion of the well side; the extreme temperature, and rapid, irregular pulse; the formation of abscesses, or the termination of the exudate in gangrene, to say nothing of the icterus, cyanosis, typhoid condition, or tense nervous erethism, haunt the doctor constantly while this rabid disorder is running its course.

During the first winter of our epidemic of *la grippe* I saw a pneumonic, in counsel with two other physicians, less than twenty hours before his death. When I made the physical examination of his chest I determined the limit of exudation in the right lung, but gave it as my opinion that the hepatization would invade the tissues further, because of the presence of the Stokes-Waters sign in the adjacent tissue. Yet I knew that even with this increased blocking of the air cells there was still plenty of aërating tissue to support life for an indefinite time. But, when the sphygmographic tracing passed into my hand, I noted an already well-developed dicrotism of the pulse. Upon this sign of lowered tone of the circulatory apparatus and depressed vitality, I ventured the prognosis that it was doubtful if the patient could bear up under even a slight additional strain; and, much as we fought for and hoped for a favorable turn in the case, the life was soon snuffed out.

Now, it is not in the least my idea to reflect upon these physicians or their treatment of pneumonic subjects, for I know them to be as well read men and successful practitioners as it is my fortune to be acquainted with. But I would like to impress the idea I entertained of the immediate cause of those sudden demises in pneumonia, and add a note or two

upon the therapeutic measures which seem to me best fitted to cope with the condition.

We know there are several modes whereby pneumonia may terminate in death. For instance, the intensity of the fever may burn out the vitality of the patient, and he succumbs to exhaustion; or, the consolidation may prove to be so extensive that apnœa ends his existence; or, in consequence of the nervous shock of the disease, such as witnessed after major surgical operations, the vagi become paretic and the patient cannot expectorate the sputa, or inhale oxygen enough to aërate the blood—then he dies asphyxiated.

But I do not consider any of these to be the common cause of the majority of the sudden deaths which occur in pneumonia. The heart is the organ at fault, and to it should be directed the closest attention of the physician.

The knowledge that the heart is taxed in this disease is the common property of the profession. We see every day in our practice how the heart can accommodate itself to changes which demand compensatory hypertrophy, but this alteration in the strength of the muscle calls for time, which is not allowed in pneumonia. Therefore, given the conditions of a sudden effort required by a thin-walled circulatory organ to move an oversupply of blood, the outcome will quickly tend to dilatation of the cavity, and the result, cessation of action in diastole.

Such I believe to be the rationale of the suddenly fatal termination of the patients suffering with croupous pneumonia, and similar to this are the post-mortem records of cases dying from Bryonia alba poisoning. But as you all use Bryonia in both the first and second stages of pneumonia, and still the symptoms of heart failure threaten, something else must be resorted to if you would tide over a dangerous period and carry the patient through to convalescence.

The Ammonias will first come to mind. One-drop doses of the Ammonium carbonate, well diluted and frequently repeated, will show its effect almost immediately if it is going to accomplish any good. Ammonium chloride is sometimes preferred, fifteen drops in sweetened water, once in about six hours, which allows plenty of time intervening to apply other adjuvants. What one or the other of these will not do cannot be done by the aromatic spirits, so the choice had better be between the two former.

Digitalis is hardly the remedy to prove of value in this peculiar condition of the heart, therefore I would advise leaving it, and its congeners, severely alone, especially as we have other remedies which possess greater proven worth.

If the patient is already in profound collapse resort should be had to the hypodermic method of medication. With ten minims of ether and a modicum of Atropia or Strychnia the centers of circulation and nerve force will receive an impetus that may prove the turning-point to resuscitation and recovery. For this condition of the patient I must record, with the highest meed of praise, the action of the Veratrum album. Given in the alcoholic dilution directly upon the tongue, many of the gravest symptoms of collapse disappear as if by magic.

It would be reviewing for you only half the means we hold in our hands for the sustaining of these subjects if I omitted naming, and did not advise using, distilled or fermented spirits. In the form of good ripe whisky, pure old French brandy, the best sherry wine, or champagne, there is variety enough to choose from, and all have at various times served the purpose intended.

We do not require to look far in the annals of medicine to find the records of lives saved by liquors alone, and this, I think, has proven true more often in pneumonia than in any other malady.

When whisky is the stimulant used, the limit for a man is twelve ounces per day, which calls for one teaspoonful each hour. As soon as this amount can be reduced, it is a good plan to give what is required in milk, and repeat it each two hours. I have elsewhere spoken of an element which is found in old brandy, and also in old sherry, which have been stored in glass for a period of, say, two years. A very volatile and stimulating ether is propagated in the ripening of these liquors, which wood allows to escape. Therefore, if you would have your patient benefit by this ether, see to it that the sample prescribed has been bottled more than a year—if more than two years, so much the better.

70 State Street.

REMEDIAL TREATMENT OF CHOLERA.

By A. C. Cowperthwaite, M.D.

Chicago.

[Read before the Chicago Academy of Homœopathic Physicians and Surgeons, October 6, 1892.]

THIS subject is presumed to involve only the therapeutics of cholera, without reference to the auxiliary measures. Therefore,

it covers a very narrow field, as the remedies that have proved useful in this disease are few in number, and their indications brief but unmistakable. The history of the homœopathic treatment of cholera is unique, and affords an illustration of the truthfulness of the homœopathic law of cure without a parallel, and is referred to by the homœopathist with just pride. It is not a history of successive experiments and failures, of theories proven false with each and every epidemic, but the scientific application of remedies to the disease, based upon a natural law, without the admixture of theory as to the cause of the disease or experiment as to its treatment. In 1830 Asiatic cholera made its appearance in Europe for the first time. It had long been heralded. Each successive wave from the far East had swept nearer and nearer, and now when it had crossed the last barrier, and had taken up the westward line of march through Russia, all Europe was in a state of consternation. Meanwhile, Hahnemann, without ever having seen a case of the disease, was trying to solve the problem of its treatment and cure. Collecting together all the symptoms of the disease, until it stood before him in all its terrible reality, he, under the guidance of the homœopathic law of cure, selected Camphor, Cuprum and Veratrum, and wrote them down as the best remedies for cholera. Such they proved to be. Not only in that epidemic, but in all after, and Hahnemann's treatment of Asiatic cholera remains to this day substantially the treatment pursued by every homœopathic physician the world over, while its almost miraculous success astonishes all observers. Perhaps at this point it will not be out of place to note how different has been the experience of those who without the guidance of law have from the first vainly sought to establish a successful treatment of cholera based alone upon individual theories as to the nature and causes of the disease. Dr. James Johnson, an eminent British physician, after twenty years' experience with cholera in both Asia and Europe, says: "In point of fact we know no better mode of treating cholera than when it first appeared; the really severe cases are just as fatal as they have ever been," and this notwithstanding scores of theories had been alternately adopted and rejected, and hundreds of remedies had been employed and abandoned.

It is very rarely that homœopathic physicians have had occasion to go outside of the remedies mentioned by Hahnemann, unless to combat peculiar symptoms arising during convalescence. Arsenic, Secale, Carbo veg., Bryonia and possibly other remedies may be indicated in the course of the disease, but if so the indications will be so plain that they cannot well be mistaken. It, therefore, only remains for us to consider briefly the uses and general indications of the three remedies first mentioned. Of these Camphor is the most valuable for the reason that it is indicated in the early stages of the disease and serves to check its progress and prevent the almost invariably fatal collapse. Hahnemann advised the administration of Camphor tincture on a lump of sugar at the very outset of the disease. He also advised that in severe cases the palms of the hands and the surface of the body be rubbed with Camphor; also, especially when the patient was unconscious or unable to swallow, he recommended two teaspoonfuls of Camphor tincture in half a pint of warm water as an enema, and the evaporation of Camphor in the room by placing it upon a hot iron. The latter methods have not been employed to any extent since Hahnemann's time. It has been found only necessary to give the Camphor internally in drop doses. If the disease passes or has passed to the second stage, when cramps are the chief feature, either with or without vomiting and purging, Cuprum becomes the remedy. Here also we have cyanosis, labored respiration and death-like collapse. The voice is usually husky, the urine suppressed, the skin inelastic. Dr. E. M. Hale and others prefer the Arseniate of copper. When we consider the close similarity between the symptoms of cholera and those of Arsenicum, and the fact that the latter remedy has often been used in cholera with advantage when these symptoms were present, it is not surprising that the Arseniate of copper should be preferred, yet we have not the assurances from clinical reports that would altogether justify us in this substitution. Theoretically it is all right; practically we are not certain, although it promises much.

Veratrum is a remedy that may prove useful in almost any stage of the disease. It may be employed after Camphor when that remedy has failed to arrest the disease. It may be given alternately (according to Hahnemann) with Cuprum, if more or less of its symptoms were present. In ordinary cholera morbus, or cholerine, during cholera time, Veratrum is an efficient remedy. ts leading symptoms

are painful diarrhœa, rice water evacuations, griping pains, contraction of the abdomen and cramps in the legs; skin pale, lips blue, dark circles around the eyes; cold clammy sweat on forehead; vomiting; fainting, but not actual collapse.

We may be criticised for not mentioning more extensively other remedies that might possibly be called for in the treatment of cholera. I do not consider it worth while. A long list of remedies given alphabetically, with their indications, might be very well from a theoretical standpoint, but in a case of cholera past experiences do not warrant us in too carefully individualizing our remedies from a purely symptomatic standpoint. Certainly there are no drugs whose pathogeneses more thoroughly correspond with the symptoms of cholera than do those of the three drugs we have named, and when in addition to this fact we have before us the reports of epidemics where the use of these remedies has given results almost miraculous, as compared with other systems of treatment, it would seem folly to abandon them on theoretical grounds.

14 Warren Avenue.

INSOMNIA AND ITS TREATMENT.

By C. T. HOOD, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

SCARCELY a week passes that some new drug is not discovered and advertised to be a sure cure for sleeplessness, and this increase in the number of sleep-producing drugs means an increased demand, which means an increase in the number of poor sleepers. And this is the fact.

Any one who will take the pains to inquire of the different druggists of his acquaintance will be surprised at the number of people who are constant patrons of the drug-store for sleep-producing drugs.

The literature on the subject of insomnia, is very scant. In fact, but few of the books more than mention it.

I have no doubt but that the views which I am about to express on this subject will not meet with the approbation of all the members present, and it may be that as time goes on I may have to change my views as to the etiology of insomnia. But be that as it may, the best thought which I can bring to you on the subject is that born of clinical experience, and demonstrated by many cases.

In considering the subject of insomnia I wish to exclude all those cases where pain is the cause of the insomnia.

During physiological sleep the brain receives sufficient blood to carry on its nutritive function only, and more or less blood than is necessary for this function *may* produce insomnia, or, in other words, the causes of insomnia are two, viz.:

1st. Cerebral Anæmia;

2nd. Cerebral Hyperæmia, which may be active or passive.

The causes of cerebral anæmia and the treatment of insomnia as a symptom of cerebral anæmia need scarcely be spoken of in this society, for the relief of the insomnia means the relief of the anæmia.

This form of insomnia is much more frequent among women and girls. Women who are nursing children and menstruating regularly at the same time; girls who are attending school, doing four times the amount of mental work which should be done, and at the time when the menstrual function is being established.

It is cerebral anæmia which produces the insomnia following hemorrhages, and that following and accompanying a profuse discharge from the bowels; particularly is this true of children.

There are some peculiar features about anæmic insomnia. The patient always has pain, not necessarily at night, but neuralgic pains in the cerebral membranes; headaches general and diffused, and with this there are the general signs of anæmia.

These patients need feeding, an abundance of liquid foods. They need a midnight meal. The best is hot liquid food. They require drugs also, notably the Zinc phos., Calcarea phos., and Ferrum, and any other remedies which may be indicated.

Congestive Insomnia has two causes, viz.:

1st. Active cerebral hyperæmia;

2d. Passive cerebral hyperæmia.

The causes of active cerebral hyperæmia are two. 1st. Anything which will increase the force of the circulation. 2d. Anything that will reduce the resistance of the circulation.

The cause of passive cerebral hyperæmia is anything which will retard the outflow of blood.

In active hyperæmia the vessels are very much dilated, the amount of blood is very much increased, and the flow of the blood is much more rapid than normal.

In passive hyperæmia the amount of blood is very much increased. The vessels are dilated, but the flow of blood is much slower than normal.

As causes of active cerebral hyperæmia you will remember, extremes of heat and cold; increased heart's action, especially that coming from idiopathic hypertrophy of the heart and hypertrophy accompanying the sclerosed kidney; mental excitement; continual mental activity and anxiety; severe bodily exercise; weak walls of intracranial vessels; vaso-motor disturbances; pressure from tumors in the abdomen; pleuritic and peri-cardial effusions; excesses in drugs; eye-strain, especially stygmatic and a-stygmatic hyperopic eyes.

As causes of passive cerebral hyperæmia you will remember compression of the veins of the neck by clothing, goitre, enlarged glands, tumors of any kind; position of the head in working; violent expiratory efforts, as blowing on wind instruments; valvular diseases of the heart; certain conditions of the liver; plethora; over-eating; gas in the stomach and intestines; various conditions of the pelvic organs, of the uterus, ovaries and rectum.

But the most common cause of passive cerebral hyperæmia, and the one you will be called upon the most often to treat is that due to persistent mental activity, especially where it is accompanied by anxiety; or in other words, the most common cause of passive cerebral hyperæmia is active cerebral hyperæmia.

I venture to say that fully fifty per cent of the cases of insomnia that you will be called upon to treat will be cases where passive cerebral hyperæmia is the cause, while fifteen per cent of the cases will be due to eye-strain, while not fewer than ten per cent will be due to active cerebral hyperæmia; making seventy-five per cent of all cases due to these three causes, and leaving but twenty-five per cent to be due to all other causes.

Let me speak here of eye-strain. The clinical facts in regard to eye-strain, especially of stygmatic and stygmatic hyperopic eyes are of special interest. The physician never knows just what to expect or just what to look for. I have been wonderfully surprised to find immediate relief from persistent insomnia by correcting the eye.

These patients are people who are using their eyes at constant work of the same kind, as type-writing, reading proof, reading copy, watch-making, engravers; men who are doing a great deal of reading, especially by artificial light. A rest, and the insomnia disappears. A return to work, and the insomnia returns.

Let me insist upon this—that when you have the eyes tested for a possible cause of insomnia have it done under the influence of atropine.

I have said that not more than ten per cent of the cases of insomnia that you would be called upon to treat are due to active cerebral hyperæmia. Why? Because active cerebral hyperæmia, unless it produce passive cerebral hyperæmia, is transitory.

These patients have an occasional sleepless night. One after a particularly hard day. They may apply to you for relief, but they generally put up with it unless the trouble increases upon them, and then the case becomes one of passive hyperæmia.

Now, how are you to distinguish passive insomnia from active insomnia? There is this distinctive difference: A patient suffering from active insomnia goes to bed, and although he may be restless for a time, he soon goes to sleep. But this sleep is but for a short time. He is soon awake, and it is not a partial awakening, but he is wide awake, and the work of the day is immediately before him. He tosses around for awhile, but soon goes to sleep again. This same process is gone through with many times during the night, and he gets up in the morning with a tired head, feeling more exhausted than when he retired. If this continues the patient begins to pass into the state of passive hyperæmia. It becomes harder and more difficult to get to sleep. Instead of going to sleep after a short time of tossing about in bed, he tosses about and perhaps is two or three hours in getting to sleep. Then it is a dreamy sleep from which he soon awakens. Then another long toss, and towards morning he drops into a sound sleep and awakens in the late morning feeling refreshed if he has had only a few hours or an hour's sleep. This is the passing into the passive state. Soon, however, it requires hours to go to sleep. Hours of partial unconsciousness, yet constantly going over the work of the day. One moment awake, the next semi-unconscious; then along towards morning or after daylight an hour's sleep and he gets up refreshed. This is the true passive hyperæmic insomnia, and those of you who have ever been through it know the anguish of thought, the slowness of time. Seconds are hours; minutes days; hours seem weeks to the

poor wretch in his vain endeavor to snatch some sleep.

If this condition is not relieved, it soon emerges into a state where there is no sleep, when there comes a state of mental depression. It is impossible to work or think. Hallucinations come, and if nothing is done to relieve this, mental stupor, melancholia or insanity.

This is not an overdrawn picture. It is a picture met with almost every day by the specialist in nervous diseases in this great city where, perhaps, more than any other city on the globe, the business man is under a constant, continuous mental strain in his haste to get rich. And not only the business man but the man in any department who keeps abreast of the times.

Before we go any farther in the consideration of this disease let us return to physiology and see what are the factors that have to do with the circulation of the blood in the head.

The arterial circulation in the skull is maintained by the contraction of the heart forcing the blood into the arteries. The capillary circulation of the skull is maintained by the contracting of the muscular coat of the arteries.

Outside the skull the venous circulation is maintained by, First: The force transmitted through the capillaries of the contraction of the muscular coat of the arteries or arterial tension. Second: The contraction of the muscular coat of the veins themselves. Third: Muscular contraction of the muscles emptying the veins by pressure. Fourth: The suction of the heart, made by the emptying of the ventricles and their relaxation. Fifth: The suction made by the creating of a vacuum by the lungs in respiration.

But in the skull there are no muscular coats to the veins to contract; there are no muscles to contract and empty the veins by pressure; what then have we?

1st. Arterial tension.

2nd. Suction of the heart.

3rd. Suction produced by inspiration.

Now here is a case of active hyperæmia. The physiological amount of blood in the brain is increased to meet the demand made upon it. That increased amount of blood is not relieved and the muscular coat of the arteries cannot stand overstrain any more than can an arm or leg. They will give out, and the result is a dilated artery and a constantly diminishing arterial tension until it becomes lost, and we have then but the suction of the heart and that of respiration.

But what follows? Now mark these statements. They are not theory, they are facts.

Given a physiological amount of arterial blood, result a normal or physiological action.

Given an excess of arterial blood, result a super-normal action.

Given a normal amount of venous blood, result, a normal action.

Given an increased amount of venous blood, result—a diminished normal or physiological action.

What then? With a passive cerebral hyperæmia there is always without any exception, so far as I can find, a slow acting heart, but particularly if you notice it a slow contracting and relaxing ventricle.

What does this mean? The heart to exercise its normal action on the venous circulation must contract full and quick so as to make a sudden quick suction on the blood in the auricles and the veins emptying into them.

What next? In every case which I have examined, in passive hyperæmia of the kind we are considering, viz.—that secondary to active hyperæmia—there is disorder of respiration, in this way: either the respiration is slow or it is normal, but in every case it is shallow, so shallow that in thirty cases the expansion on ordinary respiration was less than three-fourths of an inch. This imperfect action of the heart and lungs is due to the venous-stasis of nerve centers.

Now do not doubt these facts until you have had an opportunity to investigate them for yourselves. If, then, our etiology and pathology be true, what is the treatment of insomnia?

The physician who will prescribe the Bromides, Chloral, and especially Opium, or, in fact, any of the so-called sleep-producing drugs, to a patient without any consideration of the case more than it is one of insomnia, is a poor physician, and certainly no homœopath.

But what are we to say of the druggist who will sell and advise such drugs. There ought certainly to be some law prohibiting such things. Do not misunderstand me. I do not say there is never a time when the Bromides should be used, but I do say that they should be given by the physician, not on prescription, but by him direct, and no way for the patient to obtain them except through him.

As for Chloral and Opium they have their place, but ninety-eight per cent of all cases of insomnia can be relieved without their use.

In the active insomnia the drugs which have proved best in my hands, Belladonna 30 has given me the best results. However, in a few cases where the 30x, 3x, and 1x failed, three-drop doses of the tincture repeated every two to six hours, has given good results. With only a very few cases has this been necessary when the drug was indicated.

Next stands Aconite 30; next Passiflora 3; next, Coffea 6-12; next, Bryonia, 3; next, Ergot. This drug I use in the fl. ext., four-drop doses, every two hours, producing contraction of the middle coat of the artery.

There is a drug which has come into prominence in the last year or so as a sleep-producer, namely, Sulphonal.

Sulphonal, as you know, is one of the coal-tar derivatives. It has its place in the treatment of insomnia, and it is in these cases of active insomnia, where the patient cannot stop thinking long enough to go to sleep. To obtain good results from this drug it should be given two hours before retiring, and is best given in hot water. It is my habit to give ten grains at a dose, mixed with one grain of pulverized licorice. There is a peculiarity about Sulphonal which I have noticed. You will obtain the best results with less of the drug by giving it alternate nights. It is of no use whatever in passive hyperæmic insomnia, and in fact it is seldom necessary to resort to it at all.

Kali carb. is a remedy which has proved very satisfactory in some of these cases.

For the passive insomnia we have two indications for treatment. First: Reducing the venous-stasis by increasing the force and rhythm of the heart's action, and increasing the depth of inspiration. Second: Increasing arterial tension in the cerebral capillaries by contracting the cerebral arteries.

Some of these cases need orificial work, but remember they must be handled carefully. They must be operated upon by a thorough and careful man, one who is a surgeon, not a "cutter," for more harm than good can be done by bad work. But many of these cases after the orificial work is done will not sleep, and other things are necessary.

Electricity, the downward galvanic current over the spine; dry cupping over the spine, followed by faradism; firm downward rubbing over the spine; active walking in the open air; oxygen gas used with the spirometer, several full deep inspirations. One of the very best things is horse-back riding, but it is not every one who can afford a good saddle-horse, or who could ride it if he had one. However, the best thing I have found, the one productive of the most beneficial results in reducing the passive cerebral hyperæmia is wheel-riding. It increases respiration. It increases the action of the heart. It brings about an increased oxygenation of the blood, and by the regular exercise and the removal of the venous-stasis, the torpid liver, the inactive bowels, kidneys and skin resume their normal action. Digestion improves. Elimination improves. The amount of urea in the urine increases from one grain to five grains to the ounce.

As a result of wheel-riding the patient will grow from a sleepless dyspeptic, constipated, sluggish person into a sleeping, active energetic being.

Now I know that at present wheel-riding is a fad, and that it is being carried to excess, but when you prescribe its use make it your prescription as much as any other prescription. Direct the amount of riding.

I have sent patients to the riding school, and have them come back and say, "I cannot ride but for a few moments, it makes me so dizzy."

My advice is, go back and ride until you get dizzy, then rest till you are over it, then ride again. You are drunk on oxygen. Your poor head has had to do with improperly oxygenized blood for so long that it cannot stand so much oxygen all at once; keep at it until a ride of ten or fifteen minutes three or four times a day can be taken without any dizziness.

Now limit him in his riding. Do not let him ride until he is tired, but limit him to an hour a day, divided into two trips.

For these patients the cushion tired and the pneumatic tired wheels are the best. Then see that the wheel is properly adjusted to the patient. It is not speed that is wanted.

The seat should be near enough to the handles so that the patient can sit perfectly erect and even throw the shoulders back. The handles should be the right height. The distance to the pedals should be such that when they are at their lowest point the toe of the rider barely touches the rubber. You need have no fear that your patient will not learn to ride. It is a matter of but a few hours.

The results of such treatment will surprise you, not only in insomnia, but in many other forms of nervous affections.

As to the second indication for treatment in passive insomnia, viz.—the increasing of arterial tension,—as a rule it will care for itself when the heart and lungs do proper work. If it does not, opium is the remedy par excellence. It is not, however, a mechanical action which is required, but a purely dynamic action. Anything below the 12th is useless; the 30th is preferable.

Other drugs to be thought of are the fl. ext. of Ergot in five-drop doses four times a day; Gelsemium, Amyl nitrite, Digitalis, or any other drug which may be indicated for the individual case.

992 W. Adams Street.

Glycerine for Hypertrophied Tonsils.

Glycerine has long been one of our chief remedies in uterine enlargements and congestions. By its hygroscopic qualities it abstracts serum from the tissues to an extent that would scarcely be credited by those who are not familiar with its action. In a case of infiltrated eczema also, I once performed a notable cure by depleting the thickened skin by means of pledgets of cotton saturated with glycerine When the infiltration had been reduced, the ointment of red iodide of mercury exerted its usual curative action, although the same agent had failed before the use of the glycerine.

In the case of tonsilitis, it did not seem likely to be of service. The constant secretion and swallowing of saliva would so quickly remove the glycerine that its action could not last long. But the child was fortunate in having a nurse of unusual qualities, and she promised to make very frequent applications. This was accordingly done, and at least twenty times a day the child's tonsils were painted with the purest water-free glycerine.

The result has been better than we expected. In the course of a few weeks, the enlargement has steadily lessened, and has now almost disappeared. The suggestion may be an old one, as it is one of those very obvious ones, that is apt to occur to any one familiar with the utilization of the hygroscopic qualities of glycerine for other purposes. It can scarcely be expected, however, that this method of reducing hypertrophied tonsils will be successful, unless under such exceptionably favorable conditions as existed in the present case.—*Dr. W. F. Waugh in Times and Register.*

SELECTIONS.

Convulsive Tic.

The term "convulsive tic" has heretofore been almost exclusively applied to what is generally known as "facial spasm." It is also applied to that form of mobile spasm which has been designated by Mitchell as "habit chorea," and by Gowers as "habit spasm." Convulsive tic is characterized by brief spasmodic contractions of individual muscles, or groups of muscles, with periods of rest between the spasms varying in duration from a few seconds to several minutes. The muscular movements are usually quickly made and sharply defined, and differ materially from the slower, aimless, and almost continuous muscular contractions of chorea. Sometimes the spasms are limited to one extremity, sometimes to the muscles of the face and head, and again a spasm of the muscles of one part of the body may be almost immediately followed by spasmodic movements in various other regions.—*Dr. G. M. Hammond.*

Surgical Treatment of Basedow's Disease.

The patient was a young man seventeen years of age, with cardiac palpitation, exophthalmus, and a large goitre. Sudden attacks of suffocation led to tracheotomy. An unsuccessful attempt was made to open the inferior portion of the trachea. As he was in the meantime becoming asphyxiated the thyroid was split, cricotomy performed, and a canula inserted. After eight days the left half of the gland was extirpated. The exophthalmus disappeared. Seven months later he was in good health, the right half of the thyroid was much smaller, the pulse was regular and normal in frequency, and the prominence of the eyes had subsided. He was able to attend to his duties as a painter without interruption.—*Dr. Lemke.*

Transverse Presentation with a New Method of Treatment.

Attempts to perform version were futile, as the uterus was in a state of tonic contraction, shoulder and side of the head being firmly wedged within the pelvic brim when medical aid reached the case, about twenty-four hours after the beginning of labor. The patient was placed on her knees at the edge of the bed, her head gradually lowered until it nearly touched the floor. She was instructed to breathe rapidly. Soon the fœtus began to withdraw from the superior strait; and in about five minutes the arm was replaced. With the next pain the head presented, the descent of the arm prevented by a finger in the vagina, and in fifteen or twenty minutes the child was born *alive.—Buff. Med. and Surg. Jour.*

Slow Pulse.

Among the causes of slow pulse are the following:

1. Diseases or injuries to the nerve centers, producing either irritation of the pneumogastric or paralyis of the sympathetic (accelerator) nerves of the heart.

2. Diseases or injury of the pneumogastric nerve, increasing its irritability.

3. Disease or injury of the sympathetic nerves of heart, paralyzing them.

4. Disease of cardiac ganglia, by which the influence of pneumogastric nerve preponderates.

5. Disease of the heart-muscle (degeneration), whereby it fails to respond to the normal stimulus.

6. The action of poisons, as lead or tobacco, either on nerve endings or centers. The poison generated in salt fish.

Also the poison of certain febrile diseases, algid pernicious fever.

Another possibility is *malarial poisoning.*—*Dr. D. W. Prentiss.*

Treatment of Ozena.

Dr. Flatau regards the following as the best treatment of fetid atrophic rhinitis: Remove the crusts with a probe. The nasal mucous membrane is then sprayed with a 10 to 15 per cent solution of hydrogen peroxide. This causes the smaller crusts to become covered with a whitish scum, thus permitting one to recognize easily the ulcerated spots and to clean the mucous membrane completely. Then a strip of iodolized gauze (10 to 20 per cent) is taken and dipped into a salve of the following composition:

℞ Sozoiodolate of zinc, - - gms. 5-19
(ʒjss-ʒijss.
Vaselin e, } aa - gms. 40.
Lanoline, } (ʒjss).
Mix and add:
Paraffine, q.s.
For external use.

With this the nasal cavity is packed, leaving a space for the passage of air. This should be repeated every day for four to six weeks. When possible the patient should retain the tampon all the twenty-four hours, except in case that the secretions become too profuse. By means of this method all treatment by douches is rendered unnecessary.

In the chest, *Antimonium tart.* has profuse secretion of thin mucus which churns up and down in the bronchial tubes, giving moist râles, The patient is so weak he can not expectorate this mucus. It is often indicated in capillary bronchitis of children which is almost like pneumonia in adults. The aggravation is from 3–4 A. M. The patient has cold perspiration, rapid breathing, and is cyanotic. The chest should be kept warm by wrapping it up with hot flaxseed or bran. Antimonium tart. should not be given below the sixth or seventh potency.—*Allen.*

"Night and the Doctor."

The following very interesting essay was read by John D. Hayward, M.D., before the Liverpool Homœopathic Medico-Chimogical Society, and published in the *Monthly Homœopathic Review.* After alluding in passing to the hardships of doctors' night work—work often due to want of consideration on the part of his patients—the author said:

I must limit myself to our special interests as medical men in that time when—

> "Night, sable goddess! from her ebon throne,
> In rayless majesty, now stretches forth
> Her leaden sceptre o'er a slumbering world."

Physiologically, night is the time, in a condition of nature, for man's recuperatiou from the wear and tear of the day; at night repair makes up against waste the balance it has been steadily losing all day—

> "When night bids sleep.
> Sweet nurse of nature, o'er the senses creep."

The vital energy being less at night, the body temperature is, in health, lower at night; secretion and excretion are less actively performed; the brain and nervous system are at rest in sleep, the muscular system in repose.

I will rapidly call to your memory some of the troubles prone to occur at night, or to be modified in severity at that time.

Delirium accompanying a febrile condition is generally worse at night, and will commonly be only present during the night. The amount of pyrexia in febrile diseases is (though there are exceptions) generally highest in the early part of the night. In the early "softening" of the brain of old people and of drunkards, the rambling, the restlessness and the excitement may occur only at night, some time before the daytime condition shows any serious falling off. In asylums the inmates are generally most unsound at night, and maniacal attacks are more frequent and more violent at that time.

It is at night that the mother hears the first sudden characteristic cough of the croup that puts her child's existence in danger; and the night hours are those for that curious and often dangerous affection—laryngismus stridulus. Pertussis is usually worse at night; at night it first declares its special character, and, after it has disappeared by day, the whoop may recur for some time during the night. The child with chest trouble, whether from catarrh or measles, becomes cyanotic and delirious at night; at night the active, irritable, growing brain is tormented by "night terrors." In acute gout the onset, in the great majority of cases, takes place at night, especially between two and five o'clock in the morning; and many forms of rheumatism and of rheumatoid arthritis first occur, and are always worse at night. In the early morning the weakening perspiration of consumption takes place; at night the bone pains and other symptoms of syphilis occur, or become worse. At night the

attacks of spasmodic asthma are specially liable to occur; at night the neglected or despised catarrh or chill develops its pulmonary sequela. In hectic fever, from any cause, there is an evening rise of temperature, increasing to midnight and succeeded by profuse sweats. At night the enlarging prostate often causes its first troubles of micturition; and spasmodic stricture may occur, and recur, chiefly at this period. At night the demon neuralgia is peculiarly active. At night women get those mysterious spasms, which alarm their friends and the young inexperienced medico, and which Mrs. Gamp and her friend, Mrs. Harris, found to be ameliorated by a little gin "on the chimblypiece."

Nocturnal spasms and cramps also occur in elderly people with a gouty tendency, and may be very alarming. Painful cramps of the lower extremities occur at night in the young, especially of the female sex, and are also often very distressing and intractable.

All these and other instances will occur to you where the conditions of our patients and of their lesions differ at night from those of the day, and you will notice that this difference is almost universally for the worse. With regard to some of them we can account for this modification; for instance, warmth in bed will often make pruritus worse at night, whatever the itching be due to. Again, the night cough of children is often due to the irritation of a long uvula or enlarged tonsils, tickling the throat or glottis; or night cough may be induced by the irritation of the cold air of the bedroom after the warm sitting rooms. Other exacerbations at night may be attributed to the physical and mental exhaustion of the day; but, after all these explanations have been considered, there remain a large number of instances of which we can only say that this nocturnal modification is symptomatic and pathognomonic; or which we can only refer to the fact that night is physiologically the time when man's power of resistance, both physical and mental, is weakest.

After recovery from many, especially from chronic diseases, relapses and threatenings may take place for some time at night, as the period of least resistance to the old morbid tendency. Chorea may so return, after it is quite absent in the daytime:—this insanity of the muscles, like that of the mind, may be entirely under control by day.

Nocturnal emissions and nocturnal incontinence of urine may be referred to as related to our subject

In the night some disease germs are particularly dangerous; many of the miasmata of foreign and fenny climes are prone to inflict their agues, fevers, and blood-poisonings on those exposed to the night-air, and lose their virulence with the morning sun. Whether it be that the reputed danger of the night air in these localities is entirely due to the extra potency of the miasmata at night, or whether it may not be partly due to the lowered resisting power of the system at such time rendering man then especially vulnerable, I cannot say; probably both causes operate; together with the cold misty atmosphere so common at night in such climates, by which depressing and catarrhal conditions may be induced, and so prepare the way for the reception of poisonous germs to which exposure may occur.

There is a form of backache, which occurs especially in young women, and which is worse at night, or only present at that time; it may be present for years, and is very refractory to treatment. I have often been quite unable to trace a cause for this nocturnal backache in the health or habits of the sufferer. It does not depend on the bed being exposed to draught, to the use of too high or too low pillows, or to excessive or deficient night clothing. Sometimes relief may be obtained temporarily by the use of a small pillow under the arch of the back during sleep. The majority of the cases seem to be rather spinal than muscular, and probably vary in their origin, some being related to rheumatism, and some connected with uterine, ovarian, renal or hepatic trouble.

Nocturnal snoring is a subject which, in my opinion, deserves more serious study and attention from the profession than it has yet received. In children it commonly depends on enlarged tonsils or lymphatic glands, or on a relaxed adenoid condition of the mucous membrane of the naso-pharynx. In the adult the pathology is not so obvious. A pessimistic philosopher said he could put up with the serious troubles of existence, but it was the trifles that, according to him, made life not worth living, and certainly a snoring spouse or neighbor is distressing. The pathology and therapeutics of this widespread affliction are very unsatisfactory; that a cure is desired may be imagined from the large sales and expensive advertisements of the panaceas, which profess—impudently and falsely, I understand—to completely cure the habit. There is a fortune for any of you, and fame for homœopathy, if you can produce a specific.

That midwifery cases occur with special frequency at night is a matter of general notoriety. . . . You must all have noticed that in a tedious accouchement the strong pains will frequently give off towards morning, to return with increased violence the next night.

Personally, the history of a severe cold, with me, is a series of suffering nights alternating with comparatively comfortable days. The first evening I have chills, and fear I am in for it; next day I am all right, and pleased to find it a false alarm. When evening returns, however, I am feverish, with a dry sore throat and a stuffed nose. In the morning, beyond a little nasal catarrh, nothing remains; but by night again I

quite hoarse, with a dry sore cough, a raw hea, and pains about the chest. And so, for nger or shorter period, each night I imagine self in a bad way, and that I will not be fit duty on the morrow, if I ever am again; each I fancy I am all right, and that my cold is e, while I laugh at the idea of the pneumonia phthisis I had clearly diagnosed the preced- night, and think I may still live to be Queen he May. For weeks I may be quite hoarse ight, and spend much of the time coughing painting cocaine up my nose; while my con- on by day presents nothing but a little coryza. ention this state of affairs at length as I be- e it to be a common experience.

Man's mental and moral conditions at night much modified, even in health, from those ch prevail by day. Self-control is weakened man is less master of himself. This is the e for hallucinations, for ghosts, for exagger- l emotions and sensations, and for superstis. The brave and strong minded man in daylight, becomes timid and anxious, he can- tell why, in the night hours, and no effort of can quite banish the condition. The senses the reasoning powers are less discriminating; , remorse, grief, pain, etc., are more intense. ight attack may cause panic amongst the rest and most seasoned of soldiers. One may bt at night his most settled convictions of the time.

"Few are the faults we flatter when alone;
By night an atheist half believes a God."

t night the power which may suffice through day for the control of vicious promptings s way; then the dipsomaniac, the morphino- iac, the incontinent man, the masturbator, gambler and others indulge their cravings; the worried business man, the pauper, the ed speculator, the sufferer from pain, the kard or the criminal takes refuge in the ide he scouted from his mind by day.

y night do the hysteric and the hypochon- c suffer and inflict increased misery. But without such predispositions, pains, aches other symptoms make more impression at t, and this is one cause of the doctor's night k. Symptoms no worse than through the have more mental effect and lead the indi- al, who refused to have the doctor summoned lay, to consider himself worse and to reqnire ical attendance at night; and the relatives selves, more prone to anxiety at night, not like to go through the night," so say, "without having him seen."

'ith daylight the mind recovers its tone, and, odify Longfellow's lines in accordance with hology, we may say—

"And the fears that infest the night
Shall pass with the opening day;
Shall fold their tents like the Arabs,
And as silently steal away."

It would seem as if at night man stepped backwards in his development, and became as a little child again; or rather, perhaps, as if he shelled off some centuries of evolution, and returned to the mental and moral condition of the savage.

Night being the natural time for sleep, the disorders of this function are, of course, included in our subject, and many of us find it impossible to practice without the occasional use of hypnotics and sedatives. Personally, I am firmly convinced of the benefit following the careful employment of such means, and, did time allow, I would instance good results so produced.

Sometimes the want of sleep becomes the most important part of a disease under observation, and the habit once broken, by the means referred to, recovery follows; in some painful affections their judicious use is of great benefit, and in many mental troubles by such means (and perhaps in the future by hypnotism); we may be able to do some of our most valuable work as doctors; by summoning the "sleep that sometimes shuts up sorrow's eye." I commend the restricted and careful use of these hypnotic and sedative drugs, because I think it is a pity to allow our aversion to their indiscriminate use to drive us to the equally indiscriminate neglect of such aids in disease.

I deprecate, as much as any one, the reckless employment of these palliatives in all cases entailing loss of sleep, or pain, or discomfort. It is a portion of the doctor's night-work we must all condemn—the wholesale resort to the large army of narcotics, hypnotics and sedatives employed by the profession and so extensively advertised in medical and lay papers. The hypodermic syringe, morphia, chlorodyne, opium, henbane, sulphonal, bromide of potassium, chloral hydrate, paraldehyde, chloralamide, and other poly-syllabic compounds, make up the bulk of the therapeutic means employed by the old school practitioner. The enormous routine abuse of such drugs prevalent in the world, and for which the medical profession is largely responsible, is nowadays recognized by many of the more enlightened members of the profession. Of how many a sufferer has the digestion been ruined, the nervous system damaged, and the wavering balance inclined to decay by such treatment when not carefully employed; not to dwell on the drug habits often acquired, by which the physical and moral nature are ruined! In renal, cardiac, and pulmonary diseases, and in other particular conditions and idiosyncrasies, narcotics may be specially dangerous. It is not only in those cases where an obvious overdose has been employed that conscience may ask of the doctor, in Shakespeare's words:—

"And hast thou killed him sleeping?"

Sometimes a doctor's night duties include a call to one of those distressing cases, where some-

one has gone to bed to sleep, and has passed into the "sleep which cometh after death." More than one case has come under my own observation where, in the night watches, men apparently in good health have crossed the line between sleep and "sleep's twin brother, death," without warning to the individual or to his friends and relations, and without disturbance to the partner of the bed. These occurrences are so common as to have probably taken place in the experience of most of you; sometimes there seems to be a family tendency thereto. Probably heart-failure is the general cause; but there is often a mystery about the event which leads us to think we have not known all there was to know when we sign the certificate "syncope." I have thought, in two instances, to have traced the event to a "tobacco heart."

Not only are so many disorders and symptoms commonly worse, or better, or only present at night, but individuals have similar peculiarities with regard to their ailments, and may have a special tendency to suffer more or less in the night hours.

Now, to the ordinary old school practitioner, of what therapeutic value are all the observations we have been considering? Of what import is it to him that a symptom only occurs at night, or is worse or better at night, or at some particular part of the night? What can he do beyond order that his palliative or narcotic shall be taken at bedtime? Nothing at all!

As with so many other pathological phenomena, those of the night offer therapeutic indications to those only who have therapeutic eyes to see.

To the homœopathist no observation of the time or condition of a symptom is thrown away; it has a therapeutic as well as a merely scientific and historical interest. He knows that various drugs, when proved on the healthy, induce phenomena which appear only at night or are modified at that time; and he finds his thereapeutic rule—*similia similibus curantur*—as valuable here as in other circumstances. He observes the relation between such aggravations and some of the specifics of the old school; for instance, that the pains and other symptoms of *mercury*, *iodide of potassium* and *nitric acid* are all worse at night, as are those of the syphilis to which they are specific; that the same may be said of *colchicum*, and of an acute nocturnal attack of gout; of *arsenic* and of an asthma or neuralgia worse after midnight, especially if periodic in return.

I will not presume, to this audience, to go over the disorders we have been considering, and show how homœopaths make use of the nocturnal modification, for indicating the drug required to produce cure or relief. Such a comparison would require at least one of our evenings for its consideration, and I venture to suggest it to members more learned than I in the materia medica. I will, however, make the observation that, just as we have seen that any nocturnal change in a disorder is more commonly for the worse than for the better, so shall we find a long list of drugs, of which it has been considered noteworthy to record that they present aggravation at night and only a comparatively short list of drugs presenting amelioration at that period. Of this latter class also it would seem as if "rest in bed" were considered the main cause of the amelioration, in the majority of drugs so classified.

"Worse at night" is of course only one condition in the selection of the drug, but it is a very important one. Among the long list of drugs whose pathogenesy includes this aggravation probably the most important are:—*acon.*, *arn.*, *arsen.*, *bell.*, *cham.*, *chin.*, *colch.*, *conium*, *crotal.*, *caff.*, *dros.*, *dulc.*, *fer.*, *graph.*, *hep.*, *hyos.*, *iod.*, *ipec.*, *kal. iod.*, *kal. carb.*, *lach.*, *mag. carb.*, *mang.*, *merc.*, *nit. acid*, *nux.*, *phos.*, *plumb.*, *puls.*, *rhus*, *rumex*, *sep.*, *silic.*, *sulph.*, *tell.*, and *zinc.*

Under "better at night in bed" we shall find:—*ant. tart.*, *bry.*, *caust.*, *colocy.*, *nux.*, *squills*, *stan.*, and *stram.*

The anxious watch beside a sufferer's bed through the weary night watches is, of course often a doctor's lot, just as it occurs some time to most who have relatives or friends; but further than this, it may happen to the medical man to perform the same office for others, to rejoice with those who rejoice over the sufferer's improvement, to mourn with those who witness the losing battle with the king of terrors; often feeling acutely how little, in most cases, he can do to fulfill the expectations of his fellow watchers or to influence the eventual result.

I must just refer to the fact that the night hours are specially encroached upon by the doctor for work and study, in addition to those occupied by direct attendance upon patients. From his student-days, with their examinations, onwards, he must often burn the midnight oil. Night is the only time when the busy practitioner can post up his books, study his cases and read medical literature, if he is to keep abreast with medical science, and be fit to do justice to his patients. And so the true physician, besides succoring suffering humanity day and night, corrects his experiences, enlarges his horizon, considers his clients' disorders, and adds to his knowledge night by night, until at last "the night comes on that knows no morn." Than the conscientious hard-working doctor, the night-side of whose life we have been considering, no one more requires or deserves to have some undisturbed vacation each year, and some period of retirement towards the close of life, whereby he may partly enter into his rest, before the long night comes on, "when no man shall work."

Points from Lectures.

The following "points" are from that excellent journal, *The Chironian:*

Dioscorea is often a good remedy in gastralgia. —*Shelton.*

Agaricus is often indicated in chorea when there is a lack of muscular twitching during sleep.—*Allen.*

Aurum mur is the best remedy in ozæna when there is necrosis of the bones with sloughing. —*Shelton.*

Aurum produces a double vision and also hemiopia; the patient can see nothing above the level of the eye.—*Allen.*

All organic acids produce anemia with hemorrhage, so they are often indicated in pernicious anæmia.—*Allen.*

The Conium cough is produced by a dry spot in the larnyx which is a constant irritation. —*Shelton.*

Veratrum album, Camphor and Arsenicum are the most valuable drugs in the treatment of Asiatic cholera.—*Shelton.*

The anastomosis is so complete in the facial artery that ligatures often have to be applied to both ends of the severed artery.—*Helmuth.*

An excellent rectal enema previous to operating is: One tablespoonful of bovinine, two tablespoonsful of milk, and two ounces of brandy.—*Helmuth.*

Aurum produces melancholia even to a suicidal tendency. If this condition is an accompaniment of syphilis it is a better remedy than Arsenicum. —*Allen.*

When a patient becomes anæmic from profuse menstruation and has a hot head and cold feet, and is very sensitive to noise or light, *Ferrum* may be well indicated.—*Allen.*

When the nails are rough and split easily, and there are corns on the soles of the feet with sore, rough skin, a condition due to malnutrition, *Antimonium Crudum* is the best remedy.—*Allen.*

In bronchotomy on babies it is advisable to perform the high operation and divide the anterior part of the cricoid, rather than lower down and take the chance of injuring the great vessels. —*Helmuth.*

In using an aspirator in the pleural cavity unless you have a dome pointed trochar so that the sharp point can be turned off, you should exercise great care to withdraw the needle as the fluid is withdrawn so as not to injure the lung.—*Helmuth.*

Causticum has hoarseness and loss of voice due to the impossibility of approximating the vocal cords on account of their relaxed condition. The aphonia is not produced by congestion or inflammation.—*Allen.*

A person who has lead poisoning never sweats, and the mucous membrane of the intestinal tract is as dry as the skin, hence we have an obstinate constipation by abnormal peristalsis which prevents normal action.

In operations on the abdomen it is often necessary to locate the ribs which in a very fat person may be very difficult. A landmark which can be easily felt in any one is a cartilaginous membrane between the free ends of the ninth and tenth ribs. —*Helmuth.*

In herniotomy when the protrusion shows nothing but omentum, the tumor exposed is an epiplocele; always open the mass to examine it. A knuckle of gut may without such precaution be included in the pedicle and be taken away with the omentum.—*Helmuth.*

Nævi of the face, especially about the eyes, are best treated by electrolysis. Ligation and strangulation are not practicable as the cicatricial contraction would be considerable; and the deformity occasioned thereby would require one or two plastic operations to remedy the defect.—*Helmuth.*

Ferrum is indicated in a form of indigestion when food lies in the stomach all day and is vomited at night; it also has a night diarrhea. *Ferrum* has involuntary evacuations of the bladder during the day, the child frequently wetting his trousers when playing but he does not wet the bed at night.—*Allen.*

The surgeon should avoid allowing blood to enter the trachea in tracheotomy; but there is not so much real danger as is often imagined if some blood passes into the tube. A few coughs will inevitably follow from the irritation, which will suffice to remove any such through the artificial opening.—*Helmuth.*

Alumina produces a *dry* catarrh of the mucous membranes. The Alumina cough comes from a tickling high up in the throat; when swallowing the palate seems too long. If there is an accumulation of a large amount of tenacious mucus at this same point in the throat, almost filling the back part of the mouth and producing a cough, *Coccus Cacti* is indicated.—*Allen.*

In the surgical treatment of empyema, death has resulted from the aspiratory puncture, and also from the sudden expansion of the lung that has been compressed by the fluid. It is advisable to withdraw the pus carefully and not all at once. The best place for puncture is below the angle of the scapula in the 8th, 9th or 10th intercostal space; but any place where pus presents may be entered.—*Helmuth.*

Baptisia is the most often indicated remedy in typhoid fever and I generally use the tincture. It should be given when the patient has great restlessness and a bruised and numb feeling all over the body with fear of paralysis. There is a low muttering delirium and the patient thinks different portions of his body are scattered here and there over the bed. All discharges from the body are offensive, and there is sometimes a constricted feeling of the forehead. The fever in which Baptisia is indicated is *always* of a *low* type.—*Shelton.*

Infant Feeding.

A very important thing is the way the milk goes down into the child's stomach. The bottles are so constructed that the milk goes down too fast. Every child who sucks at the breast has to work for what it gets. One of the great troubles in artificial feeding is, the milk is cascaded into the stomach and immediately cascaded back again. Most of the sick babies are made so by some prepared stuff being cascaded into their stomachs in enormous quantities. Quantity is a great element in these disorders, and I have known too much food to make babies sick, even where the food was perfectly fresh milk.

I generally tell the mother to put a piece of pure, clean sponge into the nipple, so that the child must work with its gums and lips to draw the milk, and thus obviate the too rapid flow.—*Dr. Wesselhœft.*

Destructive Action of Carbolic Acid.

A. Frankenburger (*Inaug.-Diss., Erlangen*, 1891) warns against the injury to the skin, and even bone, which may result from the long continued application of weak (3, 2½, and even 2 per cent) carbolized applications, especially upon peripheral portions of the body, such as the fingers. This effect is due in a small measure to the action of carbolic acid upon the vaso-motor system, but in the main to its destructive effect upon the red and white blood corpuscles. This induces, partly in a mechanical and partly in a chemical way, stasis, first in the capillaries, and, if the action of the drug be continued, then in the larger veins and arteries, with the result that the nutrition of the part is interfered with, and the removal of harmful substances hindered. The maceration of the epidermis caused by the acid favors evaporation, so that the gangrene is a dry one, a mummification, as it were. The author believes that even weak carbolic solutions as external applications are to be either completely discarded, or to be used only with the very strictest precautions, and that the sale of carbolic water by druggists should be wholly stopped.

Preventable Blindness in the Young.

1. That the largest proportion of blindness in the young can be prevented.

2. That the majority of cases of blindness develop in the practice of the general practitioner, in the course of the invasion of the grave diseases of childhood, or as a sequence to these, or as a result of a contagious leucorrhœa in the mother.

3. That to successfully prevent them, prophylactic measures should be adopted in all cases where danger is suspected, or where the eye shows a tendency toward inflammatory action.

4. That the physician should be sufficiently acquainted with eye diseases to treat them skilfully when the eye becomes invaded.

5. After all severe attacks of the disease in of childhood the patient's sight should be carefully tested before he is dismissed as convalescent.

If these precautions were carefully observed, he is confident that the percentage of blindness would be greatly reduced among the young, and to the many thousand children that yearly become blind would be preserved this most precious of all the senses.—*Dr. Conkey in N. W. Lancet.*

Hypertrophy of the Heart in Pregnancy and Childhood.

The assertion has been made by various writers that hypertrophy of the heart takes place during pregnancy. An attempt has recently been made to place the statement on a firmer basis than it has hitherto enjoyed. With the object of determining whether such hypertrophy is really existent or not, Max Dreysel has, under the direction of Prof. Bollinger made an inquiry into all reports of autopsies on women who have died in labor or childhood in the Munich Hospital during the years 1879-91. All such cases as presented acute or chronic alterations of organs that might lead to cardiac changes were rejected. The heart was measured in 76 cases, and weighed in 57, and the conclusions reached were as follows:

In both pregnant and lying-in women slight excentric hypertrophy of both ventricles is the rule, the increase in bulk of the left ventricle exceeding that of the right. The increase in weight per kilo of body weight amounts to 0.44 grammes, or 8.8 per cent. The hypertrophy affects the thickness of the wall as well as the length, measuring along the inside of the ventricle, and the width of the cavity is unchanged.

The increase in the size of the heart is proportional to the increase of the body of the worker.

The hypertrophy is specially marked in young, well-nourished, strong people, the influence of age and body weight remaining the same; it is more difficult for hypertrophy to take place if the individual is weakly or debilitated.

The hypertrophy progresses with the duration of the pregnancy, reaches its maximum at the close, diminishes in childbed, at first rapidly and later more slowly.

With the expulsion of the uterine contents the

mass of both ventricles diminishes; with the commencement of lactation a sudden diminution again takes place.

The author considers the hypertrophy to be due to inclusion of the placental circulation and the increase in the quantity of the blood, as hypertrophy and enlargement of the right ventricle can only be explained by increased fullness of blood.—*Medical Press.*

Some Internal Uses of Chloroform.

In gastralgia with dilatation of the stomach; in the treatment of nervous vomiting; and of the vomiting of pregnancy. Chloroform water in the dose of a small teaspoonful every half hour or hour is a very useful remedy.

In false croup employed in the proportion of one to ten drops in an ounce of water, to which is added a little glycerine; dose one teaspoonful every half hour; the effect is a very happy one.

In ulcer of the stomach small doses of chloroform given internally will often remove the pain and stop vomiting.

In the treatment of whooping cough three to six drop doses of chloroform in syrup will bring about very good results.

In the albuminuria and anasarca of pregnancy chloroform in twelve to twenty drop doses in sweetened water causes a rapid diminution in the albumen and the disappearance of the anasarca.

Fever and Constipation after Surgical Operations.

Perier calls attention to a cause of fever after operations, which is generally taken little notice of, and which is of practical importance for determining the nature of the fever. This is the interruption of stools which, according to him, in our days of antisepsis, causes nine-tenths of all cases of febrile phenomena after operations. He recalls Chassaignac's dictum: "A chill in consequence of an operation may have three causes: Erysipelas, purulent infection, constipation." Perier observed after operations temperatures of over 40° C, which disappeared after a slight cathartic. He explains this fever by an intestinal auto-infection induced by the formation and resorption of ptomaines in the stagnant fecal matters. For this reason care should be taken that one or two days before an operation the intestinal tube is evacuated. In all serious operations, especially in operations within the abdominal cavity, an "intestinal antisepsis" should be obtained in a direct way, which might best be done by administering for several days B-naphthol and bismuth-salicylate. In case fever makes its appearance after an operation, a cathartic should be administered without delay, except in a few cases (e. g., after operations performed on the canal of nutrition itself), where the intestine requires absolute repose. Perier recommends as the best cathartic after operation "Lemonade purgative" (a solution of magnes. citr. effervesc.), while enemata give less satisfactory results in such cases.—*Pacific Record.*

Iodoform as a Prophylactic of Ophthalmia Neonatorum.

Dr. Valude has published the results he obtained from the systematic employment of finely powdered iodoform as an application to the eyes of new-born babies. The results compare favorably with those obtained under similar conditions in the same wards by Dr. Crédé from silver nitrate. The author recommends the eyelids to be carefully cleansed, and powdered iodoform dusted into the conjunctival sac as soon as the child is born,—before the cord has been severed. As an advantage of this treatment, it is claimed that the powder, or some of it, at least, *remains* in the folds of the conjunctiva *for a considerable time* after the application; whereas solutions of any kind immediately drain away.

Dr. Valude believes that iodoform will prove more useful than silver nitrate in the hands of *midwives*, because it can be more easily applied, and does not decompose—as the solutions of the silver-salt do, even when such precautions as preserving in dark bottles, etc., are taken.

The Digestive Ferment of the Carica Papaya in Gastro-Intestinal Disorders.

During the past year, having devoted considerable attention to the clinical applications of papoid (papain Finckler), especially in digestive disorders, I have had the satisfaction of witnessing a number of very interesting results, to which I wish briefly to direct attention.

There were two considerations that especially led me to study the clinical applications of the juice of the papaw to disorders of digestion. The first was the relatively large number, both in private practice and clinical service, of patients otherwise enjoying good health, but complaining of digestive disorders. The second was the following statement of Lauder Brunton's, which I encountered some years ago:

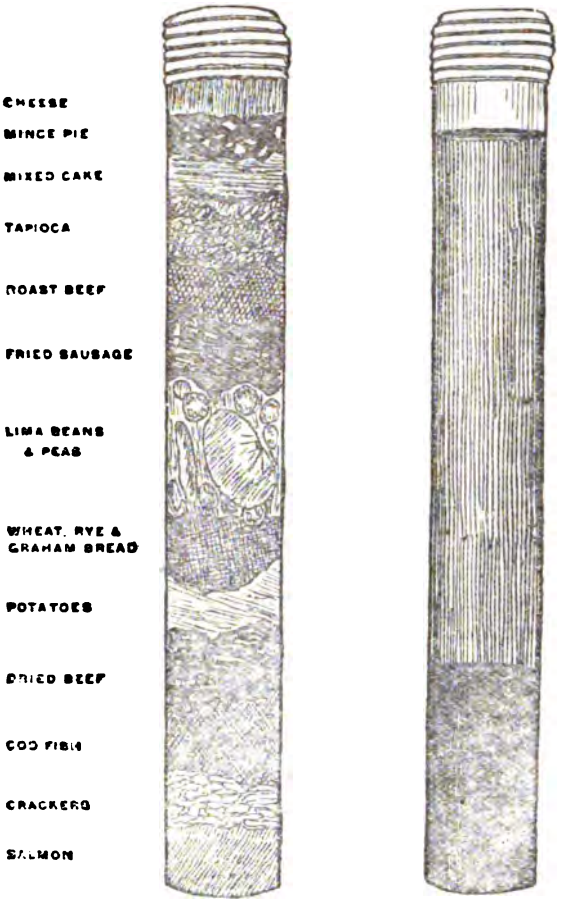
"In the West Indies, a tough beefsteak is rendered tender by rubbing it with the juice of a fresh papaw fruit, which contains a ferment, papain, having an action very much like the trypsin of the pancreas."

For more than a century it has been known that the milky juice of the papaw has the power of softening meat, and it is still in general use for this purpose by the natives in the West Indies and some districts of South America.

Professor Finckler, of Bonn, devised a process of purification of papain which yields a superior product, and free from albuminates and peptones to a degree not hitherto attained. This papain Finckler, or "papoid," as in this country it is known commercially, is a fine cream-white powder, almost devoid of odor and taste, freely solu-

ble in both water and glycerine, and claimed to be of uniform digestive activity.

The physiological actions of papoid as a digestive agent have been thoroughly established. It acts upon albuminoids, hydrating them and converting them ultimately into peptones, as fully demonstrated by George Herschell. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats.



DIGESTIVE POWER OF PAPOID.

Since papoid acts in alkaline solutions even better than in acid media, it is evident that it is specially useful where there is *indigestion due to deficient secretion of gastric juice* or of hydrochloric acid (achlorhydria). In such cases, the administration of an alkaline solution of papoid favors gastric digestion both directly and indirectly; first, by digesting albuminates and softening masses of food, and, secondly, by the action of the papoid in stimulating the secretion of the pepsin glands, while the alkali induces the secretion of a more acid gastric juice.

In *gastralgia*, which often accompanies the condition just named, papoid, with bicarbonate of sodium, gives immediate relief. On account of its well-marked sedative action, it is also useful in *irritable stomach, nausea, and vomiting*. In seasickness I have not had an opportunity as yet of using it, but I would anticipate decided s from its administration. In *gastric catarrh* the *catarrhal condition of the intestinal tra* ularly known as *biliousness*, papoid adminis in hot water fifteen minutes before mea upon rising in the morning, cleanses off the cus and places the mucous coat of the dige organs in a good condition for secretion.

The uses of papoid, in treating disorders o digestive organs, may be summarized some as follows:

1. In actual or relative deficiency of the ga juice, or its constituents.

(*a*) Diminished secretion of gastric juice whole; apepsia, anemia and deficient bloo ply; wasting diseases.

(*b*) Diminished proportion of pepsin: a dyspepsia; atrophy of gastric tubules.

(*c*) Diminution of hydrochloric acid; achl dria; carcinoma.

(*d*) Relative deficiency of gastric juice; feeding.

2. In gastric catarrh.

(*a*) Where there is tenacious mucus to b moved, thus enabling the food to come in co with the mucous membrane.

(*b*) Where there is impaired digestion.

3. In excessive secretion of acid.

To prevent duodenal dyspepsia.

4. In gastralgia, irritable stomach, naus vomiting.

5. In intestinal disorders.

(*a*) In constipation due to indigestion.

(*b*) In diarrhea, as a sedative.

(*c*) In intestinal worms. (This clai writer has not personally verified, but as t testinal mucus which shields the worms is re by papoid, it is easily understood that the moval would naturally result after its ad tration.)

(6) In infectious disorders of the intestina

(*a*) Where there is abnormal fermentati its antiseptic action, which may be height combination.

(*b*) Where there are foreign substances its detergent effect may be utilized in cle out the *debris* from the intestinal contents gestion.

7. In infantile indigestion; here papoid re readily peptonizes cow's milk, but the re curds are also soft and flocculent, resem those of breast milk.

The dose of papoid, ordinarily, is one grains, but five grains or more may be use only objection being that of useless expen waste, except where very prompt effects a sired, in which case even larger doses o remedy may be administered. In case of ob tion of the esophagus by an impacted pi meat and gristle—such as has been recen ported—a paste of papoid and water with soda would produce softening in a very fe utes.—*Dr. Frank Woodbury, in N. Y. Me*

WORTH KNOWING.

One-twelfth of the deaths in New York State during 1891, are attributed to the grip.

The prolonged and habitual use of opium n any form will cause organic renal disease.

Premature atheromatous degeneration of he arteries is a well-known consequence of egetarianism.

According to the statistics there are more ases of suicide among physicians than any ther class of people in this country.

One of the best remedies for sprains is the pplication of hot water, as hot as can be orne, repeated frequently; the addition of hloride of sodium to the water is beneficial.

Leucorrhœa is often due solely to constiation, hence clearance of the bowels of their ecal contents is in many cases the chief and iost effective treatment of that troublesome isorder.

A half-ounce of ground quassia, steeped in pint of vinegar, is recommended highly as a ure for drunkenness. A teaspoonful in a litе water should be taken every time the liquor iste is felt. It satisfies the cravings and proices a feeling of stimulation and strength.

It is my conviction that many ovaries and bes have recently been removed when the al seat of trouble was within the uterus. In amining for tender spots by the bimanual anipulation it is exceedingly difficult to difrentiate between a sensitive ovary and a tenr uterus, and if one's mind is so constituted at the uterus is entirely ignored, and endoetritis or metritis unthought of, a mistake is adily made.—*Dr. G. B. Massey.*

The ordinary and well-understood danger beginning an operation before anæsthesia is fficiently profound, for fear of the par/sis of the vasomotor system which allows "bleeding into the veins," is, of course, erative as well in mammary wounds as in y other, and all the more directly as filaents from some of the upper six sympathetic nglia supply the thoracic aorta and its nches, which could very promptly and iously affect arterial tension, especially in vessels entering the neck, and so interfere such an extent with the nutrition of the dullary centers as to leave them quite at mercy of the poisonous anæsthetic.—*Can t Lancet.*

Don't fail to try tincture of Gelsemium in cases of lockjaw. Increase the dose up to thirty drops every hour, if necessary, to relax and stop the spasmodic action. It will cure where all other remedies have failed.—*New York Medical Times.*

Cholera Infantum is said to destroy annually about 40,000 infants in the United States. This disease stands sixth on the list of fatal diseases, and is largely instrumental in producing the deaths of one-half of the human race between the ages of birth and five years of age.

I have been fortunate in curing several cases of the tic doloreaux of many years standing by the similar remedy, and of all the remedies used, *Bryonia*, 3x, has proven of more extended use than any other, having cured three cases by this remedy that had withstood over ten years of all kinds of treatment, and one of over twenty years' standing; and the latter was cured in two weeks' treatment and had no other remedy than *Bryonia* in the 3x and 30x potencies.—*Dr. A. M. Duffield.*

About three years ago two French physicians, Drs. Labbe and Oudin, perfected a process by which the genuine ozone was produced, and wonderful results have been achieved, it is said, by the inhalation of this subtle agent by patients in the Parisian hospitals. A vast sanitarium is now to be established at St. Raphael, a point on the Mediterranean coast, where the air is supposed to be peculiarly adapted to a satisfactory trial of the treatment, and a good deal is likely to be heard of the ozone cure before long. Ozone has long been known as a potent agent for the cure of phthisis, but great difficulty was experienced in getting it pure, a condition absolutely essential.

A well proportioned, perfect nose was probably never manufactured by the most skillful expert in plastic surgery, and where rhinoplasty is attempted for the restoration of noses which have been completely lost, the results usually differ widely from the illustrations exhibited in the various surgical treatises. Indeed, if such a nose be inspected one year after the operation has been performed, there will usually be found a flabby, fungus-looking appendage, whose cosmetic value would be very doubtful were it not that it closes in from view the hideous nasal caverns. —*Dr. J. H. Egbert.*

A woman at the second month of pregnancy suddenly had itching and burning sensations of the vulva which soon became intolerably painful. Swelling of the labia minora and the majora soon resulted. The mucous membrane became covered with whitish patches easily detached, but leaving slight superficial losses of substance. Lotions of zinc sulphate and acid carbolic were without effect. The membranes on histological examination were found to be due to sprue. A child of the patient had suffered for some months from mouth sprue.

A Russian physician declares that strychnin is an infallible cure for drunkenness, administered in subcutaneous injections. He asserts that the experience of physicians has shown the cure to be as rapid as it is certain. The effect of the strychnin solution is to change the craving for drink into positive aversion, and this change is effected in a day. After a treatment of eight or ten days, a patient may be discharged. The strychnin is administered by dissolving one grain in 200 drops of water, and injecting five drops of the solution every twenty-four hours.

The dange of gall-stones, as recognized by many observers, are as follows:

There is danger of exhaustion from the repeated attacks.

Fatal collapse from pain may occur.

Fatal jaundice may supervene.

Dropsy of the gall-bladder and danger of it rupturing.

Empyema of the gall-bladder.

Abscess of the liver.

Local peritonitis.

Perforation of the gall-bladder or gall-ducts, causing abscess, peritonitis, septicæmia.

Intestinal obstruction or hemorrhage.

A sharp means of stimulation in cases of extreme (acute) exhaustion of spinal innervation may be obtained by the application of ice over the spine. In an emergency (and these are the cases) an ice bag may be improvised of almost any material which will hold a lump of ice—a cloth, a towel, a piece of rubber or oil-cloth, or even a paper bag. It is passed rapidly over the part, backward and forward until we see the result. I have seen the apparently dying brought back to life, and respiration and circulation re-established. Even in algid cholera I have had such results.—*Eclectic Med. Jour.*

The iodide and bromide of calcium are peculiarly fitted to produce the systemic effects of iodine and bromine. They contain a larger proportion of iodine and bromine than do all the other combinations of these metalloids; and the calcium lacks the undesirable properties of potassium and sodium.

Any person may expose his body, if he chooses, with a due regard to decency, and with the permission of the Court; he can not be compelled to do so, in a civil action, without his consent. But if he unreasonably refuses to show his injuries when asked to do so, that fact may be considered by the jury as bearing on his good faith, as in any other case of a party declining to produce the best evidence in his power.

In stone of the bladder the pain is always present, referred to perineum and along penis, is always worse after passing water, because the stone is then grasped by the bladder, and after exertion or carriage driving, because of the jolting of the stone against the trigone of the bladder. In stone of the kidney, pain is very variable. I have known instances of stone in kidney fixed in position to produce no pain at all. A large stone in the pelvis of the kidney produces pain in the loin of the same side, and is increased by lifting weights, whilst a stone which has a small end and is from time to time grasped in the entrance of the ureter, produces intense pain in the loin, extending to the testicle of the same side, and often accompanied by high temperature.—*Dr. Norton.*

According to the rules of art, the following are the conditions requisite to the beauty of this organ: The nose shall have the same length as the forehead, and have a slight depression at its root or apex. From its apex to its base it should follow a perfectly straight line and come exactly over the center of the upper lip. The bridge, bounded by parallel sides, should widen slightly in the center. The tip should be neither too thin nor too fleshy, and its lower outline neither narrow nor too wide. The lobes must be gracefully defined by a slight depression. Seen sideways, the lower part or base of the nose will have but a third of its total length. The septum should divide the nasal cavities into two even parts, and the nostrils—rounded anteriorly, arched in the center, and tapering posteriorly—should be exactly similar.—*Am. Med. Jour.*

BOOK REVIEWS.

OPHTHALMIC DISEASES AND THERAPEUTICS. By A. B. Norton, M.D., *Professor of Ophthalmology in the College of the New York Ophthalmic Hospital; Surgeon to the New York Ophthalmic Hospital; Associate Editor, Department of Ophthalmology, North American Journal of Homœopathy.* With Fifty-three Illustrations and Twelve Chromo-Lithographic Figures. Philadelphia: Boericke & Tafel. 1892. Pp. 555.

We write from the standpoint, not of the specialist, but of the general practitioner. From this point of view we have only words of the highest commendation for Dr. Norton's work on ophthalmic therapeutics. If anything is lacking to make it complete, accurate and reliable, we are unable to detect it. It is a work, it seems to us, that may be profitably used, not only by skilled ophthalmologists, but also by the country practitioner who must do more or less of this work himself, because a specialist is not near at hand to whom every case can be referred. The author's design we can best give in his own words:

"The scope of the work as originally planned has been followed out closely, and is to give *as concisely as possible* all the essential features necessary to a thorough knowledge of the diseases of the eye, commencing with sufficient anatomy of the various structures to aid in an understanding of their diseases. In treating of the different diseases it has been our aim to follow a definite and systematic order, taking up successively the pathology, symptoms, course, causes, diagnosis, progress and treatment of each case."

The design here expressed has been well carried out. All the leading remedies for the various diseases of the eye are given, with carefully selected indications for their application.

We cordially commend this work to the profession. No one who obtains it will be disappointed.

HOMŒOPATHIC BIBLIOGRAPHY OF THE UNITED STATES. From the year 1825 to the year 1891, inclusive. Compiled and arranged by Thomas Lindsley Bradford, M.D. Philadelphia: Boericke & Tafel. 1892.

Dr. Bradford has performed a task that entitles him to the gratitude of the entire profession. The work that he has prepared is very valuable. It is valuable as a historical record, valuable to every homœopathic physician who is forming a library, and as a work of reference it will be prized by every worker in our school.

The work contains, in Part II., condensed histories, data and bibliography of the homœopathic societies, colleges, hospitals, asylums, homes, sanitariums, asylums for the insane, dispensaries, pharmacies, life insurance, legislation, now or at any time existent in the United States. Thus the field that is covered by Dr. Bradford's work will be seen to include everything about which one could possibly seek information. The part devoted to bibliography, however, is of chief interest, and is rich in records well worth preserving. We bespeak for the book a large sale, which is well deserved both by author and publishers.

SCIENCE AND ART OF OBSTETRICS. By Sheldon Leavitt, M.D., Professor of Obstetrics in Hahnemann Medical College, Chicago. Second edition. Rewritten and Enlarged. Chicago: Gross & Delbridge. 1892.

The profession has already become acquainted with Dr. Leavitt's work by having taken the first edition. This second edition is a great improvement on the former, as any work must be that is "rewritten and enlarged." In its present form it is a very complete text-book of the science and art of obstetrics, and we predict for it an extensive sale.

In many parts it would have been well, we think, were the indications for remedies given in greater detail. For Calcarea carb. (p. 228): "Cannot sleep after 3 A. M.," is rather meagre. This is but one instance of many. Moreover, in this age of the world, it is scarcely necessary to give an illustration of a clinical thermometer. Most students and practitioners are able to recognize this familiar instrument when they see it, even if the name is not placed beneath (p. 655). But this is a minor matter. The book, as a whole, covers the subject of which it treats very well, and forms the best work on the science and art of obstetrics in our school.

EPITOME OF MENTAL DISEASES. With Present Methods of Certification of the Insane, and the existing Regulations as to "Single Patients." By James Shaw, M. D. New York: E. B. Treat. 1892.

This is a practical book of reference on mental diseases. It is an epitome, and not an

exhaustive treatise. It will prove to be very useful to students of mental diseases in serving as an introduction to more comprehensive works on the subject.

A Primer of Materia Medica for Practitioners of Homœopathy. By Timothy Field Allen. Philadelphia: Boericke & Tafel. 1892.

The "Cyclopædia," the "Handbook," and the "Primer," have succeeded each other in regular order. For our use, the Primer is to be preferred, for here we have a well arranged selection of the drug symptoms of the various remedies of the homœopathic materia medica that may, for the most part, be accepted as characteristic.

The name "primer" should not mislead the reader. The book has 408 pages octavo, brevier type, and contains an amount of matter that would often be put into a printed volume of twice the size. Under each remedy first is given the "General action," then "Generalities," and then the symptoms arranged according to the familiar Hahnemannian scheme. That the work will command the confidence of the profession goes without saying, coming as it does from the pen of our eminent author and teacher of materia medica, Timothy Field Allen.

A Handbook of Hygiene and Sanitary Science. By Geo. Wilson, M.A., M.D., Fellow of the Sanitary Institute of Great Britain. Seventh Edition. Philadelphia. P. Blakiston, Son & Co. 1892.

The present may be said to be an era of sanitary science. It is being more widely taught, and its importance more widely appreciated than ever before. To aid in this movement Wilson's text-book is offered, and it may be said that it fulfills its purpose. It is a volume of 780 pages treating of such subjects as public health and preventable disease; foods; air, its impurities and their effects on health; ventilation and warming; climate and metereology; water; sewage and house refuse; soils; dwellings; hospitals; communicable diseases; and, in addition, every subject that may come under its title. The whole has been said when we state that all these topics have been dealt with in careful and exhaustive manner, according to the latest developments of this very important branch of science.

ANNOUNCEMENTS.

THE NATIONAL SOCIETY OF ELECTRO-THERAPEUTISTS.

Pursuant to invitations, a number of medical men met at the office of Dr. William H. King, No. 23 West 53rd street, New York, October 6, 1892, for the purpose of organizing a new association to be known as the "National Society of Electro-Therapeutists,' Dr. King was elected chairman of the meeting, and Dr. Winterburn, secretary.

The following persons constitute the charter members of the new society, viz.: Drs. F. A. Gardner, Washington, D. C.; E. Stillman Bailey, Chicago; Clarence Bartlett, Philadelphia; F. E. Caldwell, John L. Moffat, H. D. Schenck, Nathaniel Robinson, G. H. Doty, W. H. Bleeker, Brooklyn, N. Y.; Theodore Y. Kinne, Paterson, N. J.; Edwin De Baun, Passaic, N. J.; Arthur B. Norton, Sidney F. Wilcox, John B. Garrison, George William Winterburn, F. Doughty, Loomis L. Danforth, J. T. O'Connor, J. M. Schley, William Tod Helmuth, William Harney King, George W. Roberts, New York; DeWitt G. Wilcox, Louis A. Bull, Buffalo, N. Y.; J. M. Lee, Rochester, N. Y., and H. L. Biggar, Cleveland, Ohio. The proposed Constitution and By-Laws was then taken up section by section, discussed, amended and adopted, and then ratified as a whole. The following permanent officers were then elected, to serve for one year. President, William Harney King, M. D., New York,

Vice Presidents { E. Stillman Bailey, M. D., Chicago. / Clarence Bartlett, M. D., Philadelphia.

Secretary, Frank Eddy Caldwell, M. D., Brooklyn, N. Y.

Treasurer, F. A. Gardner, M. D., Washington, D. C.

Executive Committee: George William Winterburn, M. D., John B. Garrison, M. D., New York, and the officers, *ex officio*.

The President was given power to appoint such special committees as he may deem necessary.

The Executive Committee was authorized to elect new members as they might find expedient. On motion the society adjourned to meet in Chicago in 1893.

George William Winterburn, Secretary *pro tem.*

The National Society of Electro Therapeutists, it is intended, shall include within its membership *all* physcians who are interested in the development of electricity as an adjunct in therapeutics. It is not meant exclusively for those who devote themselves to electricity as a specialty, but will include gynecologists, the oculists, the neurologists and the surgeons, who use electricity as part of their equipment. The session work at the meetings will be divided into bureaus, such as electricity in diseases of women, diseases of the eye, ear and throat, diseases of the nervous system, and general electro-therapeutics, thus giving each member the opportunity to learn the most recent advances in the use of electricity in his own specialty. Persons desiring to become members should send their name and one dollar, the first year's dues to Dr. F. E. Caldwell, 151 Henry street, Brooklyn, N. Y., or to any of the officers of the society. Any physician in good standing in the profession may become a member. Unless personally known to some member of the Executive committee the applicant should send name of college and date of graduation, and such other data as will enable the committee to act intelligently on the application. While offering a most cordial invitation to every worthy practitioner, the society will protect itself against undesirable applicants.

FRANK EDDY CALDWELL, M. D.,
Secretary.

To the Members of the American Institute of Homœopathy.

The General Secretary deems it proper to make the following announcement:

At the recent session of the Institute it was announced that the United States government had authorized the holding of a series of Congresses on subjects of a scientific and social character during the continuance of the Columbian Exhibition in Chicago in 1873. Among these there will be included a World's Congress of Homœopathic physicians and surgeons. The Art Building now in course of erection is for the free use of these Congresses, and for their sectional meetings, committees, etc. The department of the exhibition known as the World's Congress Auxiliary has appointed a committee consisting of a number of homœopathic physicians of Chicago, with Dr. J. S. Mitchell as chairman, to prepare and arrange for the Congress of Homœopathy.

Acting on this announcement, and on motion of Dr. Mitchell, the Institute appointed a committee to consider what action should be taken in reference to it. This committee afterwards presented the following recommendations, which the Institute adopted unanimously:

1. That the meetings of the Congress and of the Institute be held in conjunction after the plan of the previous Congresses.

2. That the officers-elect of the Institu e hold-office for two years.

3. That the business meetings of the Institute be held daily during the continuance of the Congress, and that it adjourn to meet with the Congress.

4. That the sectional meetings of the Institute Bureaus appointed at this session, and other scientific proceedings of the Institute, be deferred until the session of 1894.

The Institute has thus ordered that for next year its own sessions be limited to the transaction of its general business, and that all its scientific energies shall be devoted to the interest and success of the World's Congress.

At the Congress at Atlantic City, in 1891, there was an attendance of 1,024 homœopathic physicians and visitors. At the Institute meeting in Washington, in 1892, there were 881 members and visitors. There are good reasons to believe that the Chicago Congress will more than double the larger of these numbers. The indications of a large attendance from abroad are far more encouraging than in 1891.

During the past two years the Institute has added more than 400 names to its roll of membership. The General Secretary considers it perfectly feasible to secure at least 400 more during the Chicago Congress, and expects to labor earnestly and persistently to that end. He suggests that all the societies, State and Local, appoint committees to canvass their membership to secure a large representation in the National Society. This work should begin now. Blanks will be forwarded on application. College faculties should endeavor to secure members from among their alumni, and thus enhance their collegiate influence in Institute councils.

The Institute has adopted a resolution requesting investigations on the subject of comparative mortality statistics in all our larger cities. One of our largest cities is already taking measures to this end through its county society.

All reports secured should be communicated to Dr. T. F. Smith, 264 Lenox avenue, New York City.

PEMBERTON DUDLEY, M.D.
General Secretary.

The clerk of the Board of Health of Syracuse recently refused to issue a burial permit on the certificate of the physician attending the deceased, which simply gave "heart failure" as the cause of death.

WORLD'S CONGRESS NOTES.

The Official Invitation to Foreign Governments to Appoint Delegates to all or any of the World's Congresses to be held at Chicago in 1893.

CIRCULAR,

DEPARTMENT OF STATE.

Washington, June 13, 1892.

"To the Diplomatic and Consular Officers of the United States.

"Gentlemen: The Department is in receipt of a letter from Mr. Charles C. Bonney, President of the World's Congress Auxiliary, dated Chicago the third inst. It states that in pursuance of the course indicated in the original announcement of the World's Congress Auxiliary, which was transmitted with the Act of Congress approved April 25, 1890, and the President's invitation of January 14, 1891, extending to all foreign governments a cordial invitation to participate in the World's Columbian Exposition to be held in Chicago in 1893, the work of the World's Congress Auxiliary has been organized.

"It is particularly requested that a convenient number of the most eminent representatives of the various departments of human progress be selected as delegates to attend the respective Congresses. On receipt of the names of such delegates suitable communications will be promptly forwarded to them.

"I am, Gentlemen,

"Your obedient servant,

"WILLIAM F. WHARTON,

"Acting Sec'y."

Under this authority Hon. C. C. Bonney, President of the World's Congress Auxiliary, appointed,

J. S. Mitchell, M. D., Chairman, E. Ludlam, M. D., Vice-Chairman, Committee on a Congress of Homœopathic Physicians and Surgeons.

Julia Holmes Smith, M. D., Chairman, Elizabeth McCracken, M. D., Vice-Chairman, Women's Committee on a Congress of Homœopathic Physicians and Surgeons.

As some of the profession may not fully understand the authority of the Congress the following extracts from public documents will make the matter plain:

DEPARTMENT OF STATE,

Washington, May 23, 1892.

"One of the accompaniments with the President's invitation to the several foreign governments, issued in accordance with t Act approved April 25, 1890, was the 'Wor Congress Auxiliary to the World's Columb Exposition.' The purpose of its organizati was fully stated, and among them it was p posed that a series of World's Congresses, promote the objects in view, was to be h in connection with the World's Columb Exposition in 1893. 'The World's Congr Auxiliary' it added, 'has been duly authori and organized to promote the holding a success of such Congresses.'

"I observe, in conclusion, that a represent tive of the World's Congress Auxiliary, a fe days ago, called at the Department to lea whether it would be possible to send th pamphlets to all foreign governments, with suitable instruction to our minister to pr sent them to the governments to which the were respectively accredited, as supplemen tary to the original invitation. Assuranc was given that the Department would gladly do so upon the receipt of a formal written re quest to that effect.

"I have the honor to be, sir,

"Your obedient servant,

"JAMES G. BLAINE."

To the Hon. John Sherman, Chairman Committee on Foreign Relations, United States Senate.

P. C. Majumdar, L. M. S., of Calcutta India, editor of the *Indian Homœopathic Review* who wrote the History of Homœopathy in India for the Atlantic City Congress will personally attend the Chicago Congress and hopes to be able to "give a very cheerful account of the progress and advancement of Homœopathy in India."

Dr. E. T. Adams, a prominent member of our school at Toronto, Canada, will attend the Congress and is taking an active interest in its success.

B. N. Barnerjee who also sent a very interesting account of Homœopathy in India to the last Congress writes that he will be present at the World's Congress at Chicago. Both Dr. Majumdar and Dr. Barnerjee are good English scholars and will add greatly to the interest of the sessions.

Engagements for rooms at the hotel already made, indicate that the profession will be well represented at the Congress. Rooms will be furnished during the week of the Congress at regular rates.

Address, Great Northern Hotel, Chicago, Illinois.

THE MEDICAL ERA

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Changes of address cannot be made unless the old address, as well as the new, is given.

Books, Exchanges, MSS., and communications intended for the Editorial Department, should be sent to

CH. GATCHELL, M.D., *Ann Arbor, Mich.*

PERSONAL.

DR. B. L. HUTCHKIN has moved to 733 Kenmore avenue, Edgewater.

DR. J. P. DAKE, of Nashville, has returned from a trip to the kingdom of the Mikado.

DR. R. E. HINMAN has moved from Charlotte, N. C., to corner Broad and Marietta streets, Atlanta, Ga.

DR. G. E. ALLEN, of Youngstown, O., will direct a physician looking for an opening to a good location.

THE MORNING-SIDE SANITARIUM, of Sioux City, Ia., is now conducted by Drs. C. Farrington and A. P. Bowman.

DR. T. L. HAZARD, formerly of Anamosa, Iowa, has succeeded to the practice of Dr. A. C. Cowperthwaite, at Iowa City.

DR. WILSON A. SMITH, formerly on the *New Remedies*, has taken exclusive editorial charge of the *Medical Current*, vice Storke, of Denver.

DR. ED. VINCENT, son of Dr. J. A. Vincent, of Springfield, this State, has received the appointment of Surgeon General of the National Guard.

DR. IRVING TOWNSEND, of the *North American Journal of Homœopathy*, was united in marriage, September 15, to Miss Lulu Curtis, of Mount Vernon, N. Y. Dr. Townsend will please accept the most cordial congratulations of the editor of this journal.

DR. W. S. WHITE was married, October 5, to Miss Isabelle Stone, of Charlotte, Vermont. Dr. and Mrs. White will be "at home" November 3 and 10, at 788 West Monroe Street.

DR. ELDRIDGE C. PRICE, of Baltimore, assumes editorial management of the *Southern Journal of Homœopathy*. His *salutatory* indicates very plainly that the *Journal* has fallen into good hands. "In the interests of the whole medical profession this journal will be conducted," is the announcement that he makes. The ERA extends heartiest greeting to the new editor.

The MEDICAL ERA is not accustomed to publish articles that have already appeared in other journals, unless as *selected* matter. It makes an exception in the case of Dr. Crawford's paper on "Sudden Death in Pneumonia," which has already appeared in the *Medical Current*, both on account of its exceptional interest, and because it is a part of the proceedings of the Illinois Homœopathic Medical Association.

GROSS & DELBRIDGE.

Homœopathic Pharmacists and Publishers.

PHARMACY DEPARTMENT.

This department is stocked with a complete assortment of Physicians' Supplies, such as Homœopathic Tinctures, Triturations, Tablets, Suppositories, Cerates, Liniments, Plasters, Absorbent Cotton, Antiseptic Wool, Medical Instruments, Orthopœdic Appliances, Elastic Stockings, Knee Caps, Pocket Cases, and Buggy Cases of superior make.

Triturations. Our Triturations are the best that can be made, and are offered at the following low prices: 4 oz. by weight, 35 cts; 8 oz. 60 cts; 16 oz. $1.00. Our Triturator is the result on our part of much experimental labor and great expense, and we regard it as fully equal if not superior to any in use.

Suppositories. We make a specialty of this class of goods. Send for full list. Per doz., 25 cts; per gross, ... $2.50

Geranium Compound Suppository, for most Uterine difficulties, from a formula by Dr. Hale, is attracting much attention. Send for descriptive circular. Retail price, $1.00. To physicians, 75cts.; or one dozen boxes for.. ..... $6 00

Hydrastis Tonic. A prominent homœopathic physician has given us the formula for a *Restorative* tonic, the basis of which is the highly valued remedy *Hydrastis Canadensis*. This preparation is for the purpose of enriching *the blood, and imparting a healthy tone to the nervous system.* It does this by arousing a *normal appetite, stimulating digestion and assimilation,* and thus aids in supplying the tissues with their proper food. It is useful in all conditions of physical debility from exhausting diseases, loss of fluids, or mental depression, and will agree with the most delicate stomach. Put up in pint bottles at 75 cts. to physicians, or per gallon in jug $5 00

A Discount of 20 per cent on Books to Physicians.

GROSS & DELBRIDGE, 48 Madison Street, Chicago.

THEY SAY

THAT genius is prophetic.

THAT death is a cessation of hostilities.

THAT Chicago covered herself with glory.

THAT the "White City" has been dedicated.

THAT you should talk low, but listen out loud.

THAT adversity is always polite to a man's face.

THAT absence of mind is generally absence of brains.

THAT the greatest thing in the world is a promise.

THAT a cutaneous passtime is no better than a skin game.

THAT opportunities are made full as often as they happen.

THAT there are as many sides to a man as there are to a question.

THAT marriage among young doctors is the order of the season.

THAT the last thing a man does to correct his faults is to quit them.

THAT flattery, like perfumery, should be smelled of, but not swallowed.

THAT it is generally safer to follow a man's advice than his example.

THAT if you have a bone of contention you should throw it to the dogs.

THAT the best thing experience does for us is to teach us how to enjoy misery.

THAT death is a sort of a farewell benefit—"positively our last appearance."

THAT fortune was born blind, and those who win her favors often go it blind too.

THAT controversies about religion will never be settled until the man who has been dead can talk.

THAT some people imagine they are making giant strikes every time they kick.

THAT man is not only the architect of his own fortune, but he must also lay the bricks.

THAT weeping wont save you, but if you are young and pretty it will go a long way.

THAT the prize of two hundred and fifty dollars will be captured by a Chicago physician.

THAT it is natural when one has made a mistake to correct it by cussing somebody else for it.

THAT there will be parliaments of the leaders of men convoked from every land under the sun.

THAT giving advice costs nothing and it is a pleasant thing to do; the same may be said of kissing.

THAT there are not too many doctors in the world, but there are too many who pretend to be such.

THAT extravagance leads to borrowing, borrowing leads to begging, and begging leads to the devil.

THAT many people take as much comfort in bragging of their misfortunes as they do of their good luck.

THAT our neighbor's misfortunes are always "judgments from heaven," while ours are nothing but bad luck.

THAT the reason why so few people are happy in this world is because they mistake their bodies for their souls.

THAT the devil is the father of lies, and it is remarkable how many children he has with an "inherited tendency."

THAT a man may prevaricate as much as he pleases when he compliments, but when he criticizes he must stick to the truth.

THE MEDICAL ERA

DEVOTED TO HOMŒOPATHY AND THE ALLIED SCIENCES

VOL. X. CHICAGO, DECEMBER, 1892 No. 12.

CH. GATCHELL, M.D., EDITOR.

MEDICINE MIXED WITH POLITICS.

On the eighth day of last month something in the nature of a cyclone struck Chicago.

People have been wondering what did it.

THE MEDICAL ERA will endeavor to throw light on the subject. By way of so doing, we present the following circular:

CHICAGO, Oct. 31, 1892.

To the Medical Profession of the State of Illinois:

Gentlemen:—The following editorial in the August, '92, number of the *Chicago Medical Recorder* explains itself:

"THE GOVERNOR AND THE MEDICAL PROFESSION.

"Governor Joseph Fifer last month appointed Edward E. Vincent, of Springfield, Surgeon General of Illinois, thereby placing a homœopathic graduate of '87 over many well qualified and experienced surgeons in the state militia and in the face of applications for the position from some of the best known men in the regular profession of the West. It is known that this gratuitous slap at a profession which has received nothing else at his hands is now regretted by this chief executive of the State, and he has given a verbal ante-election assurance that the appointment will be withdrawn at the end of the year, if he is re-elected, but will not put this promise in writing. Promises of this nature are not unknown in politics, and their value can be estimated in minus quantities. As a sort of excuse for this appointment he points out that all the salaried medical positions in the State are held by regular men, but fails to show, what is known by all, that these men are appointed by boards of trustees, and it is clear from his action regarding the State Board of Health in the past and in this present matter, that the professional positions that have fallen within his gift have been used solely for political ends.

"The cue is easily taken. At the coming election a few hundred votes will turn the scale. Five thousand regular physicians readily control the situation without influencing a single vote of the thousands they can direct by a word among their friends and patients. It is an opportunity for the medical men of this State to show that they are an element in the community deserving proper consideration. It is well known that any philanthropic or scientific or hygienic measure brought before the Legislature by medical bodies gets scant courtesy.

"A representative committee will shortly place this matter individually before every practitioner of rational medicine in the State, and by November, for once, the medical fraternity will be organized to make a political effort to sustain its own dignity and to resent a series of snubs no other intelligent body of men would endure or would be expected to bear for a moment."

Also the following editorial in the July 16th, '92, number of the *Journal of the American Medical Association:*

"THE SURGEON GENERAL OF ILLINOIS.—We hear and read much in these degenerate days of the improvement and purification of the Public Service, but it has been reserved for the present Governor of Illinois to show the estimate placed upon professional ability and experience by a thorough going politician. The telegraph informs us that a young graduate of the Hahnemann class of 1887 has been appointed Surgeon General by his Excellency, Governor Fifer, to fill the vacancy caused by the death of General Matthews. The action of the Governor in selecting this inexperienced young person for so important a position is inexplicable on ordinary grounds, but, in common with many others, we are of the opinion that the Governor's sincere desire to secure the 'finest military medical talent' in the State for Surgeon General will receive at the polls in November that rebuke at the hands of the profession which such misdirected action fully warrants."

Every opportunity has been given Governor Fifer since then to make a definite promise to appoint a regular physician as Surgeon General of Illinois, but he has ignored all communications. Therefore, the undersigned Committee (all but one Republicans) ask you to use your influence to elect Judge Altgeld, who has given us the

necessary assurances that, if elected, he will respect the regular medical profession in all his appointments. Let us by united action demonstrate our strength. Let us lay aside all party feeling and vote for *that* man for Governor who respects US.

Archibald Church, M.D., Henry T. Byford, M.D.,
Junius C. Hoag, M.D., Borum Bettman, M.D.,
J. C. Culbertson, M.D., J. A. Robison, M.D.,
Ed. J. Doering, M.D., Cassius D. Wescott, M.D.
E. O. T. Koler, M.D., W. S. Christopher, M.D.,
N. S. Davis, M.D., J. F. Percy, M.D.
COMMITTEE.

Here it is, in all its frankness. In all parts of the United States people have been wondering "What did it?"

A mighty cry has gone up over all the land —"Where are we at?"

The ERA sends its compliments to MESSRS. DEPEW, and CARTER, and PLATT and WANAMAKER, and numerous others, and informs them that it was done by ARCHIBALD CHURCH, N. S. DAVIS, *et al.*

ARCHIBALD CHURCH and his cohorts rolled up such a big majority for ALTGELD in Chicago, that the rest of the State failed to come up to the Calumet river with enough to overcome it—hence the landslide!

It is true, the circular calls upon the faithful to confine the knifing process to State officers only, but we are sure that want of familiarity with the Australian ballot led them to avoid all risks, and to vote the straight ticket. Otherwise, how account for the result?

The circular that we have published is but another exhibition of the want of liberality, the bigotry and intolerance of those who style themselves "regulars." It is the expression of a narrow-minded sect. No evidence is offered that DR. VINCENT is not fully competent to fill the position to which he has been appointed.

Much is made of the fact that he is a young man. But this, as we may well conclude, is a mere subterfuge. Had an older man of our school been appointed, the same howl would have been raised. Had a young man from the ranks of the "regulars" been appointed, nothing would have been said of his youth. The sole reason is because the Governor's appointee is a *homœopath!* That is all there is to it, and it is needless to try to disguise the fact.

THE MEDICAL ERA has never permitted itself to be misled by the specious claim that "the two schools are rapidly coming together." We do not believe it, and never have done so. The "regulars" love us no more than they ever did. It would gratify them beyond expression if we could be wiped off the face of the earth. It is certain that we are not approaching each other in brotherly love. In support of this we put in evidence the above circular.

It is equally true that we are not approaching each other in the matter of the treatment of disease. Let any physician in Chicago visit the lecture-room of the lecturer on *materia medica* and on *practice* in the Chicago Homœopathic Medical College, and then listen to the corresponding lecturers in the Rush Medical College. Let him do the same at the Hahnemann Medical College and the Chicago Medical College, and then bear testimony to the correctness of our claim. The two schools are nearly as far apart as they ever were. They will not be *together* in the next fifty years, unless the process is brought about by the annihilation of the homœopathic school. The "old school" will be the "old school" still. And they will be just as ready to change their politics in a night, and to carry knives up their sleeves for the benefit of the man who might appoint the only remaining homœopath on earth to be Surgeon General of the State of Illinois.

Of the truth of what we have stated, all homœopaths may be well assured. It remains for us to work out our own destiny. Whatever we get, we must fight for. Those officials who appoint homœopaths to public office, must look out! There is a "bloke" around, with a knife up his sleeve, and—

Hippocrates! he'll use it. From high places the homœopath must come down, and at Cook County Hospital he must eat at a separate table.

To the signers of this circular (all but one Republicans), we say:—

GENTLEMEN:—You have done it! You have elected your man; you have his ante-election assurance, and we have no doubt that he will give you the persimmons he has promised.

You have buried our "Guv'ner" beneath the blue sea,
And put into power a craftier than he.

You have hogged all the places for the "reg'lar M. D.";
And claimed that the earth is your propertee.

You have risen like might in your own majestee,
And taught politicians to beware your decree.

You have cooked the gray goose of one Edward V.,
But, O *why* did you slaughter the G. O. P.?

IMPROVED PUBLIC HIGHWAYS.

No one is more interested in the improvement of public highways than the physician. Those doctors who have what is called a "country ride," know what it costs to travel for miles over rough and muddy roads. In the United States there are about seventy-five thousand physicians who, each year, travel many miles over country roads. The gain that would accrue to these men by better roads, in time and in wear and tear on horse-flesh, vehicles and harness, would be incalculable. Expressed in figures it would run up into several million dollars. It would also add to the comfort, health and longevity of every physician engaged in this class of practice.

The medical profession in this country cannot devote their energies to a better purpose than to do all in their power to promote the improvement of public highways. The subject is now being agitated in many parts of the country, and a movement has been inaugurated to induce Congress to establish a Road Department, similar to the present Agricultural Department. It is proposed to have an Institute of Road Engineering and a Permanent Road Exhibit in the city of Washington. A comprehensive exhibition of road construction and maintenance at the World's Columbian Exposition would accomplish much in the way of practical results.

Purely as an economic question, as it affects the medical profession, we consider the matter to be of sufficient importance to call upon physicians everywhere to do all in their power to promote this object—the improvement of public highways.

HYGIENE AND SANITATION.

One of the features of the Department of Liberal Arts of the World's Fair will be a Bureau of Hygiene and Sanitation which has been recently organized with Dr. F. W. Brewer as superintendent. The aim of the bureau will be to show as adequately as possible the position in which the theory and practice of hygiene stands at the present day, and it is hoped that the universities and colleges, the Boards of Health, state and municipal, the societies having hygiene and sanitation as their keynotes, the scientists, the physicians, the manufacturers, and the public generally will cordially co-operate in the endeavor to make the exhibition worthy of the science and of our country.

The classification includes athletic training, alimentation, dwellings, hotels, lodging-houses, public baths and lavatories, work-shops and protective supervision.

State Boards of Health are requested to prepare charts showing mortality statistics, morbility statistics of infectious diseases, and charts showing the effect of isolation and disinfection in prevention or minimization of disease.

Associations and societies engaged in sanitary work are solicited to have their aims and results presented by models, illustrations and charts. Foreign countries are also invited to lend their co-operation.

COOK COUNTY HOSPITAL.

Matters in Cook County hospital have reached a crisis.

The medical staff of the hospital has complained to the County Board Public Service committee that a lamentable condition of affairs exists at the hospital. The surgical appliances are insufficient, medical remedies scarce, the supply of bedding and clothing deficient, and the food furnished to patients is at times scandalously bad.

But the complaining doctors were in turn made defendants. They were accused of trying to injure the Warden and bring discredit on the present administration. The parties implicated took umbrage at what they affected to regard as an insult. This is the old *et tu* method of meeting a charge, and will avail nothing.

It is claimed that cotton for surgical dressings has been unobtainable for one or two weeks at a time; that fractures which ought to have been placed in plaster-of-Paris casts were not so treated because the material was lacking; that patients with serious injuries are allowed to lie for days together in soiled beds; that the occupants of such beds are changed without a change of sheets; that the chief clerk has persistently refused to supply internal remedies for surgical cases; that patients have been kept in the hospital two or three times longer than was necessary because the food was bad in quality and insufficient in quantity; and that orders for supplies in the wards are systematically cut down or refused.

This is but another illustration of the evils of mixing medicine and politics. Cook County Hospital is a medical institution, and should be under the control of a board of medical men. It should be taken out of the field of politics altogether.

We have every confidence in the staff of physicians bringing these charges. The counter-charge, that it is a conspiracy to injure the Warden, will not prejudice the investigation that must be made. The nurses and the doctors know whereof they speak and they will command the attention of the public.

December seventeenth the medical staff of the hospital met with the County Public Service committee, and the complaints were listened to by the latter body. As a result many of the abuses promise to be corrected. Doubtless surgical instruments and medical supplies will hereafter be kept in sufficient quantities and better order for the use of the fraternity. The staff will take a special interest in seeing that the commands of the board are obeyed in this respect. It is to be hoped they will equally see it to be their duty to insist on proper sanitation, and that the food served out to patients be at least not so bad in quality as to make a well man sick.

The medical staff has wisely recommended the holding of quarterly joint meetings of the Commissioners' Committee of Public Service and of the combined Medical Board. Such meetings ought to be held, and if more frequently than once every three months, all the better. Such abuses as are complained of could hardly exist if the committee charged with supervision of the hospital attended to its duty, and it is devoutly to be hoped its members will go there oftener and look around them more closely in the future.

A resolution expressing entire confidence in WARDEN DEAL was adopted by the doctors and the Commissioners unanimously.

The division of the medical profession into two camps, as it were, is very undesirable on many grounds, but the *onus* of its existence rests entirely with a majority of its members. In no medical society, journal, school, hospital or dispensary, connected with general medicine can homœopathy be set forth, taught or practiced at the present time; while the very *raison d'être* of such institutions as have been founded by those who believe in homœopathy is the public setting forth, teaching and illustrating of it. Hence the use of the distinctive word is essential.—*Monthly Hom. Review.*

ORIGINAL ARTICLES.

A CASE OF HYDROPHOBIA.

By S. N. SCHNEIDER, M.D.

CHICAGO.

[Read before the Chicago Academy of Homœopathic Physicians and Surgeons Nov., 1892.]

ON October 5, at about 8:30 o'clock in the morning, I received a call to come to the St. J—— apartment building as soon as possible. I was unable to respond at once, but arrived about 9:15 o'clock, and met a lady whom I had known some ten or eleven years ago, but whom I had not seen during all these years. Her sister informed me that about 7:30 o'clock she complained of a choking sensation in the throat, which she described as a clutching or gripping feeling, which would stop her breath, and after a moment would let go, when she would draw a long breath and seem all right again. In a few minutes the paroxysm would again come, and a repetition of the same sensations and actions would occur. The sister brought her a cup of hot coffee, a portion of which she swallowed with much difficulty, the effort of swallowing causing each time a repetition of the paroxysm.

When I entered the room, I found her sitting up in bed, with a wild, anxious expression of countenance, eyes wide open and pupils dilated, and presenting the appearance of intense fear and apprehension.

In attempting to speak to me, a paroxysm was at once induced. Her utterance was cut off, she clutched at the throat, appeared for a moment as if she would strangle, face became congested, and with what appeared like a tremendous effort to swallow, the paroxysm passed off. After talking to her a few minutes, and in a measure quieting her, she was able to speak, but her speech was rapid, irregular and often interrupted by catching inspirations.

She described the oncoming of the paroxysm as a gradual tightening sensation at the throat, a filling up, and then a desire to swallow, and on attempting to swallow would come the complete shutting off of the breath; then would come the mighty effort to swallow that "lump" which was choking her, and which, when swallowed, would relieve her.

As I sat talking with her, I held her right hand, which was rather cold, especially the fingers. The pulse was feeble and irregular, and rather rapid. She complained of a severe constant aching pain in the left infra-clavicular region and left shoulder, and down the left arm. On taking up the left hand, I found it to be much colder than the right, and somewhat damp and clammy. The heart sounds appeared rather muffled and far away, but otherwise not abnormal, no murmur being audible. Respiratory murmur somewhat exaggerated, but no more so than was easily accounted for by the nervous disturbances present. She said she had had some numbness and aching in left arm and shoulder, and tingling sensation in left hand for two or three days.

The previous night she was as well as usual, having sat up quite late, engaged in some needle work, had slept fairly well, except awakened once or twice by the pain in the shoulder and arm. The first paroxysm came on as she sat up in bed on awakening, intending to get up.

This patient's general history is somewhat as follows: Age, 35; single; complexion dark; for many years was rather slight, but in fair health, with exception of a tendency to constipation and hemorrhoids and some dysmenorrhœa; six years ago was operated upon by the late Dr. Park, and hemorrhoids removed; soon after operation gained in flesh and much improved as to the constipation. The dysmenorrhœa still exists to some extent. Menstruated as usual two weeks ago. Is rather sedentary in her habits, confining herself quite closely to the house, devoting herself to her mother who is an invalid. The mother, since passing the change of life, has had at gradually lenghthening intervals attacks of an epileptiform character, and after an interval of almost a year had suddenly been taken with one of her "spells," as they called it, with no one at hand but this daughter, who has since had the event much on her mind, and brooded over the possibility of a repetition of the occurrence under the same circumstances.

All this information I obtained from the patient at my first visit, often interrupted by the paroxysms, or threatenings of the same, for often, by quiet words and encouraging assurances that it was only nervous, she would succeed in warding them off.

I made a diagnosis of hysteria, and left some Ignatia and Nux Vomica, told her I thought she would be better soon, and promised to call again in the afternoon. She appeared much quieter and the paroxysms less frequent than on my arrival.

As the hours passed by and I received no news from my patient, I called upon her at 5:30 P.M., fully prepared to find at least great improvement, and even hoped she might be almost well, but the first word spoken by a sister of the patient, when she met me at the door, dissipated all such thoughts. She was not better but worse, and had not been able to swallow any medicine since 2 o'clock. The paroxysms were more frequent and longer in duration, one following the other in rapid succession until several had passed, when she would sink back exhausted, and for a short time have relief. The wild look in the face before the approach of a paroxysm was more marked; the eyes would bulge out, the eyeballs roll up and show the whites below the cornea. Pain in left arm intense, and both hands and arms cold and clammy. The lower extremities of the body were warm and normal to touch. The expression of the face during the remission of the paroxysms was painfully drawn and haggard; while it was round and plump and of good color in the morning, it was now thin, pinched and pallid. The pulse was thin and very feeble and rapid. She complained of intense thirst, but the sight of the approaching glass of water, and often the mere inquiry as to whether she would like a drink, would at once cause a spasm of the muscles of the throat, and the paroxysm would follow. After much coaxing and many reassuring words, I succeeded in gaining her consent to have some water brought, and after a number of paroxysms and efforts she succeeded in swallowing a mouthful; I then called for some milk and whisky, and mixing a portion, succeeded in getting her to swallow about an ounce after many efforts and by absolute will power.

The increased severity of the symptoms and the fearful change in the appearance of the patient compelled me to believe that some power, which I had not discovered, was operating in this case, and I suggested consultation, to which a ready assent was given. The weak condition of the heart's action led me to prescribe 2-drop doses of Digitalis every 15 minutes until my return, the patient, promising to swallow it by "will power," as she expressed it, as she had done with the milk and whisky, also to give the milk and whisky, if possible.

As I drove along the street after leaving my patient, my mind was busy with the case, when suddenly the thought came to me with sufficient force to cause me to exclaim, "If that woman had been bitten by a dog I should say she had hydrophobia. Can it be possible that such is the case, and the occurrence had either been forgotten, or was deemed of so little importance as to cause no uneasiness in the minds of the family?" So strong an impression did this thought make upon me that I went home at once and looked up the subject of hydrophobia, and the further I read the more firmly was I convinced that this was the disease I had to deal with.

I had concluded to call Dr. R. N. Tooker in council and now made my way to his office, where I was fortunate enough to find him in. I gave him a hasty description of the case and also stated my suspicions as to the probability of its being hydrophobia. We went together to the house and on the way arranged that upon our arrival he should see the patient while I made inquiry of the family on the dog question. We found the patient in about the same condition as when I last saw her. At the earliest opportunity I sent the sister from the room and followed her, and the following dialogue took place: "Mrs. H., I want to ask you a question which has come to me since I was here this evening. Have you had a dog?" "*Yes!*" "Did he ever bite Annie?" "*Yes!*" "How long ago?" "About five or six weeks." "Where is he now?" "Dead." "When did he die?" "The next day. Do you think that was it?" I answered that I was hardly prepared to say, as yet, but that it looked very much like it. "I have feared it, and worried about it ever since," she exclaimed, wringing her hands; "I spoke of it at the time and made Annie suck the wound and then poured some carbolic acid on it, and bound it up."

I then asked her to tell me all about it, and learned that a pet fox terrier had been taken ill with what was diagnosed by a veterinarian as some stomach trouble; that he would have "spells," when he would run about and cry out, and that upon this particular evening he was lying on a rug and suddenly started up with one of the "spells" and ran towards an open door; fearing that he was about to run out and away, Annie caught him, when he turned and planted his teeth in the third finger of the left hand.

There was only one puncture, on the dorsal surface of the finger midway between the first and second joint. It was quite deep but did not bleed at all, and was made light of by all

except the sister, Mrs. H., who insisted on doing what she did, in spite of much protest. She went so far as to consult the veterinarian who was treating the dog, and he assured her that there was no danger. The dog died the following day in a convulsion. He was removed by the veterinarian, who said he "opened him and found a piece of blue rag tangled up in his intestines."

While I was hearing this story, Dr. Tooker was carefully watching the patient, and when we withdrew from the room for consultation and he learned the above facts, he had no hesitation in agreeing with me that the case at least appeared more like hydrophobia than anything else. We concluded to give hypodermically, 1-20 gr. Strychnia, and also Morphia sulph., ¼ gr. and Atropia, 1-120 gr., and watch the patient.

Upon my return, about one hour later, I was informed that "there was a nice old doctor living around the corner who passed the house every day. He didn't do any regular practicing, had no sign out, was an old army doctor, and they were anxious to have him see the patient and see what he would think"; so they sent for him and he came and looked at her, and requested that upon my arrival he should be sent for, and "he would come and talk the case over with me." Upon his arrival I gave him a full account of the case and history of the patient. He did not think the bite of the dog had anything to do with it, thought the colon was loaded, some ptomaine poisoning, uterine disturbance, and consequently, hysteria. He advised ten grains of Calomel and Morphine enough to quiet the convulsive paroxysms as much as possible. He approached the patient, told her she was not very sick, was only nervous, and could swallow just as well as he could, if she only thought so. He tried it by calling for water and milk and the result was that she was at once attacked with a most fearful paroxysm, the muscles of the throat jerking and tightening until she appeared as if she would certainly never draw another breath. This occurred again and again until finally, after much talking and coaxing she succeeded, by an almost superhuman effort, in swallowing one teaspoonful of milk. "There, don't you see you can swallow?" he exclaimed.

The prescription for the Calomel was written and sent to the druggist. I gave her a hypodermic injection of 1-40 gr. sulphate of strychnia, and together we took our departure. He expressed great confidence in the action of the Calomel. It would unload the colon and the patient no doubt would be better.

At 11:15 I called again, and found no particular change in the condition of the patient. The hands were cold and clammy, and the lower extremities warm. The pulse was 86 to the minute, and between the paroxysms she complained of being cold. The suffocative attacks would come on about every three to five minutes, when she would gasp, clutch her throat, spring to a sitting position in the bed, and struggle for breath, and finally make one tremendous effort to swallow, and suddenly obtaining relief, would fall back exhausted. She now complained of a drawing sensation in the back of the neck at each attack in addition to the tightening and clutching sensation at the throat.

During the previous two hours she had taken about one oz. of milk, a spoonful at a time, and each effort was accompanied by one of the attacks. Of the Calomel she had taken about ⅔ by dipping her finger on the powder, and putting it into her mouth and swallowing as quickly as possible when she thought she was able to do so, but the swallowing always brought on an attack. About ten o'clock for about ten minutes, the attendant stated, she appeared to be in a doze, or at least was very quiet, and she thought she was sleeping.

The first urine passed since morning was passed at about eight o'clock; the urging came on suddenly, and before she could get from the bed to a vessel it escaped from her. The quantity was no doubt large, as her surroundings were well saturated.

At 11:35 I gave her Morphia sulph. ¼ gr. and Atropia 1-120 gr. subcutaneously, and in the course of thirty minutes she was quiet and appeared to be sleeping. Occasionally as she lay in bed, with her head and shoulders somewhat elevated, there would be slight jerking and twitching of the muscles of the face and neck, but the respiration was quite full and regular, and she seemed to be resting easily. I again left her and went home and to bed. At 2:30 A.M. I awoke with the realization that my night bell had been ringing with considerable fury, and on reaching the window there was a messenger from my patient, and with him none other than Dr. Tooker. The messenger said he had rung for me until

he became discouraged, and then went for the doctor, and together they succeeded in raising me. We were told that the patient had awakened from the sleep in which I left her and complained of an intense thirst. Water was brought her, and she was at once taken with a convulsion more fearful and long lasting than any she had previously had. Dr. Tooker was armed with a bottle of chloroform, and he at once hastened to the patient and I followed as soon as possible. Upon our arrival the convulsions had subsided to about the character they had had during the evening, and the chloroform was not used. Dr. Tooker soon left, and I remained with her until morning.

During the night she complained on two occasions of a full feeling in the stomach, and once or twice had a very slight eructation of gas, which she said gave her a little relief.

About 4:30 o'clock I went into an adjoining room and laid down on the sofa, and in a half hour was awakened by what sounded like the rapid smothered barking of a dog, and at once hastened to the bedside and found the patient in a convulsion. She was raised well up on pillows, was gasping for breath, the head drawn backwards, the muscles of the neck drawn tense until they stood out like tendons, and the sound that awoke me coming with each gasp for breath. I at once poured a little chloroform on a handkerchief and held it near her face and soon she relaxed, drew a long breath, and completely exhausted, sank backwards on the pillows.

At 4:25 she again had a sudden desire to urinate, and springing out of bed reached the vessel and passed almost a pint of urine, entirely normal in color and odor. Some of this I carried away and tested it; found it contained albumin to about ¼ bulk in the test tube. The spasms of suffocation continued at intervals of five or seven minutes, of about the same degree of severity as they had had since early evening, until 5 o'clock, when they again became more frequent and longer in duration until there was at times only a moment and a single inspiration in the interval. At 5:45 I gave her another hypodermic injection of Morphia ¼ gr., Atropia 1-120 gr., which quieted her for an hour, when the attacks again returned. Now as the attacks came on she sprang wildly into a sitting posture, and later wholly out of the bed, clutching at her mouth and throat as if to tear it open. This she continued for a few attacks when she sprang from the bed and rushed wildly about the room until overcome by prostration she would sink on the bed, or chair, or couch, as might be nearest and most convenient, until the next attack, when the same acts would be repeated. She now fought off any attempt to give her chloroform, and said it increased her distress. This continued until 7 A.M., when I gave her ⅜ gr. of Morphia and went home to breakfast.

At 9 o'clock I returned and again met my old school consultant. Under the influence of the Morphine administered at 7 A.M. the patient had quieted down considerably, but had not slept. The paroxysms were now a little less severe than at any time since early in the attack, and also less tenacious in their hold upon her; as she expressed it she "could get over them a little easier." The "nice old doctor" thought she was better. "The Calomel was probably working, and we had better help it along a little with a large enema of hot water." This order was carried out after he had gone, and resulted in two movement of the bowels. The first consisted in little more than the water injected, but this was followed in ten minutes by a moderately copious evacuation of normal fæcal matter. I now ordered hourly nutrient enema consisting of Bovinine and milk, gave her 1-30 gr. of Strychnia hypodermically, and left her.

At this time her hands were warm and the surface of the body generally was comfortably warm, and the heart's action much better than at any time since taken ill. I do not doubt that this was due to the quieting influence of the Morphia, and the stimulus of the Atropia.

Upon my return at 12:15 o'clock there was again a great change for the worse, all the symptoms having gradually increased in severity as the effect of the Morphia passed away. The paroxysms were simply awful in their intensity, each one holding on until it appeared as if each one would succeed in preventing the patient from ever again breathing. Her face would become livid, almost black, and the eyes protruded to such a degree as to make one almost expect to see them pop from their sockets. One paroxysm would follow another in such rapid succession as to hardly leave time enough to draw a breath in the interval. I gave at once ½ gr. of Morphia and awaited for its effect. There was now some incoherence in language and delirium. The attendants had observed it for the past hour, and it had steadily

reased. It was not constant but at times a few minutes she was wholly irranal.

As the Morphia began to exert itself, she idually became more quiet, and seemed re clear mentally, and during the intervals ween paroxysms would answer questions l talk some. The paroxysms gradually be- ne less severe and somewhat, though not very ch, less frequent. At 1:30 I left her to go ny office down town. Upon my return at clock I was informed that the paroxysms begun to increase in frequency at about o'clock and had again become as severe as were at noon. A neighboring physician been summoned and he had quieted her 1 chloroform, so that when I saw her she a little more easy, as to the severity of the ulsions, but they were now constant and was ejecting frothy saliva in large quantities, mes spitting it out and again frantically ring it from her mouth with her fingers or th. There was an alternation of the condi- of delirium and complete consciousness. face was livid and the wild expression of tenance mentioned before was constant. profuse accumulation of saliva made its arance about 2 o'clock, soon after I had ier, and about 5 o'clock, a dark brown y substance was ejected after each paroxAfter 5 o'clock there was complete loss isciousness, but the convulsions continued decreasing severity until almost 6 o'clock she sank into a deep coma, with short rous, spasmodic breathing, and a steady f the dark brown frothy substance from outh. In this condition she continued 10:15 o'clock, when with a few quick odic breaths and a convulsive tremor she

ve put an interrogation point after the title paper, not because there is any doubt mind as to the correctness of the diagbut because this diagnosis *has* been ques- The aforementioned nice old doctor, ently held to the opinion that the trouble steria, until the afternoon of the padeath, when after learning of the characsalivation he very reluctantly admitted hat *possibly* I was right in calling it hobia. His ever repeated argument n "Good Lord! Hysteria will simulate ig." While reluctantly admitting to the case was possibly hydrophobia, he d the family that the lady had albuthe urine; that she died of uræmic poison and that the convulsions were probably caused by a disease of the kidneys.

The correctness of the diagnosis was also called in question publicly when a member of the patient's family in an interview with a representative of the press, denied point blank that the disease was hydrophobia.

So far as I have been able to learn, the chief diagnostic symptom of hydrophobia is that of respiratory spasm, induced by every effort to swallow. Tetanus may present the difficulty in swallowing, and the spasm of the muscles of deglutition at each effort to swallow is usually very marked, but it lacks the respiratory spasm. In tetanus the breathing may not be interfered with at all, while in hydrophobia the respiratory spasm is as marked as the spasm of deglutition. The mental disturbances in tetanus are usually slight, while hydrophobia is always accompanied by extreme mental disturbances.

The presence or absence of the respiratory disturbance also serves to distinguish hydrophobia from acute mania with which it might be confounded in the event of early appearance of mental symptoms. In differentiating between hysteria and hydrophobia the history of the patient must be taken in consideration. The absence of any previous hysterical inclinations or tendency, greatly lessen the probability of hysteria. The paroxysms of hysteria may be controlled by sedatives, and when so controlled do not at once return at the expiration of the action of the sedative. Hysterical respiratory difficulty is likely to be induced by hysterical weeping, and lacks the mental excitement which the respiratory spasm of hydrophobia induces, and in globus hystericus the respiration may be entirely unimpeded, while in hydrophobia the spasm of the respiratory muscles is the direct consequence and unfailing result of the effort at deglutition.

The direct attention and concentration of mind on the disease, by one who has been bitten by a dog, may induce symptoms resembling real hydrophobia (spurious hydrophobia). After a number of days or weeks of anxiety, according to the time the individual understands is necessary to develop the disease, a tightening at the throat is experienced, and the patient becoming now fully alarmed, the spasm is increased until the conditions are severe enough to deceive even the attending physician. But here, as in all other spasmodic affections of the throat just recited, the re-

spiratory spasm is wanting. Calming the mind lessens the spasm, and some measure, however simple, in which the subject has confidence will wholly allay the trouble. Usually when such a spasm has been once overcome and the patient realizes that he can swallow there is no recurrence.

This woman had been in good health for six years. She had never had any nervous trouble and was not of the panicky or apprehensive style of woman. She was bitten by a sick dog which died in a convulsion or "fit" the following day. She scouted the idea of danger when her sister suggested such a possibility. The slight wound healed in a few days and she thought no more about it. About six weeks later she experienced an itching and tingling sensation in the hand that had been bitten, which gradually extended up the arm and into the shoulder. After this had continued for three days she suddenly experienced difficulty in swallowing, and in trying to overcome the difficulty by increased effort, experienced a resulting difficulty in breathing. Every subsequent effort at deglutition invariably caused the respiratory spasm. The anxiety, the restlessness, the intense thirst, the salivation, the gradual exhaustion and death in 38 hours from the initial spasm, presents a succession of phenomena "too striking and characteristic" to leave any doubt in my mind as to the correctness of the diagnosis.

926 Opera House Building.

Sugar in the urine is no more a proof of diabetes than albumen is of Bright's disease; and it is a great mistake to base the diagnosis upon the one point alone. The presence of the sugar may be due to transient nervous conditions, to temporarily defective action of the liver, to excess of sugar in the diet, as when a new clerk goes into a candy shop, or to a disturbance of the general system like that caused by the retention of the milk in women who have suddenly stopped nursing. Gout, syphilis, heredity and renal disease may also cause glycosuria without diabetes. Ord, of London, says that while he has not frequently met with carbuncle or phthisis in glycosuria, they are common in true diabetes. —*Northwestern Lancet.*

Over half a million people in New York city alone annually obtain medical services gratuitously. Forty per cent of these are able to pay.

MILK DIET IN DIABETES.

By CLIFFORD MITCHELL, M.D.
CHICAGO.

IN connection with the subject of diabetes three points of interest occur to me: First. That the polydipsia and polyuria, independently of the glycosuria, are now said to be malignant in nature; second, the observation of Haig that the best treatment of diabetes is that which diminishes the ratio of sugar to urea, without diminishing, therefore, the urea—hence in examining the urine be sure to estimate urea as well as sugar; third, that in diabetes milk diet must be used with great care. The chief indication for the milk diet in diabetes is an accompanying albuminuria, especially as Brunton has observed in cases where a low specific gravity after fermentation shows that the urine is of poor quality, but for sugar, and that contracted kidneys may be suspected. Milk diet is also useful as I have shown* in cases of fat gouty diabetes. Its use in severe cases of lean diabetes is reprehensible as the patient might be injured by insufficient nutriment.

Lithia in Diabetes:—A patient came to me who was on a milk diet and thoroughly miserable, losing flesh, and tormented with rheumatic pains; urine contained 1,800 gr. of sugar in 24 hours, and a rich sediment of uric acid in all specimens. Milk was absolutely forbidden and patient put on a diabetic diet and Lithium carbonate.

The improvement in a week's time was remarkable. The pains had ceased completely; the sugar decreased one-half, and the patient was now cheerful and full of hope. In those cases where the urine is strongly acid *when first voided*, and rich in uric acid crystals there are almost always rheumatic pains of greater or less severity, which yield to the Lithias. It is possible that Piperazine may also be serviceable in these cases of uric acid diabetes.

Fasting as Treatment for Diabetes:—It has already been hinted that the benefit derived by certain gross-feeding diabetics from the milk diet was due at least in part to the semi-starvation. Now comes a treatment for diabetes in which fasting plays a prominent part. I have recently examined the urine of a diabetic under this treatment who had eaten nothing for nine days previous to the collection of the 24 hours' urine. The only nourishment he had was contained in a certain

*Diseases of the Kidneys. 2d Ed. p. 386.

edicament, composition unknown to me, of nich he took teaspoonful doses four times ily. Previous to the fasting the urine was any quarts a day, and the sugar thousands grains, according to my own analyses. After e fasting, analysis showed the following:

lume of urine in 24 hours	775 c. c. or 26 fl. oz.
y urine	400 c. c. or 14 fl. oz.
ght urine	375 c. c. or 12 fl. oz.
tio per day to night, about	½d. normal
ea per liter	16 grammes
ea per fluidounce	7½ grains
ea per 24 hours	12½ grammes. (200 grains)
osphoric acid per liter	2½ grammes
osphoric acid per fl. oz.	1 grain
osphoric acid per 24 hrs.	1.74 gramme or 27 grains
ic acid	not increased
gar	3 grains per fl. oz. or 6 grammes per liter
	Total, 70 grains or 4½ grammes.
bumin	Plainly present. Too small to estimate by extract tube. About 1-40 of one per cent by weight.
ecific gravity at 77°	1022
tal solids exclusive of sugar	29 grammes
olor normal, reaction acid, appearance clear.	

Sediment contains numerous hyaline casts, me of them large and studded with renal ithelium.

It remains to be seen whether the improvent in the character of the urine as regards lume and sugar will be followed by imovement in the feelings of the patient. The ure" of diabetes is not deemed entire til the patient on a mixed diet, voids urine ntaining no sugar at all. The patient in estion is to be allowed one meal at noon ily after ten days of fasting.

0 State Street.

PASSIFLORA INCARNATA.

By F. A. WHEELER, M.D.

CHICAGO.

Read before the Chicago Academy of Homœopathic Physins and Surgeons, Nov., 1892.]

THE first mention of this drug I find in Scudder's Specific Medication of ten ars ago. It is recommended by him in neuic affections. *The Homœopathic News*, in 90, published an article recommending the ig in various nervous affections. In the t three years it has become quite popular th the Eclectics and is destined soon to e the place, to a great extent, in those es where opium and its derivatives, Chloral drate, Hyoscyamus, and similar drugs are w used.

From the fact of its having no cumulative ects, being entirely void of any unpleasant er-affects, and producing, as it does, the st natural rest and quietude, its action is more certain than any of the coal tar products, when used for this purpose.

The provings of the drug upon the healthy subject have been but little studied. But in certain diseases it seems to have special action over certain ganglia.

Not deeming it necessary to cite clinical cases, and having but short time in which to prepare a paper on the same, I will simply give a few general hints in those cases where it is in a sense specific.

There are about one hundred and twenty species of the passion flower. It is mostly a climbing or woody plant, nearly all varieties of which belong to the American continent, especially to the tropical portions.

In some species the flowers are large and showy, and among the choicest of the occupants of our plant houses. It is found as far north as Kentucky, and is commonly known as *passion flower*, or "May pops." It is a climbing plant with woody stock and having herbaceous or woody branches, from the sides of which tendrils are produced which enable the branches to support themselves. The plant is named from a fanciful resemblance of parts of the flower to the instrument of Christ's crucifixion; the corona of the flower resembling the crown of thorns and other parts of the flower the nails or wounds, while the five sepals and five petals were taken to symbolize the ten apostles—Peter who denied and Judas who betrayed being left out in this reckoning.

The flowers, which are purple, or nearly white with a purple or flesh-colored crown, consist of a calyx varying from the saucer-shaped to a long trumpet shaped tube, thin or fleshy in consistence and giving off from its upper border the five petals and five sepals, and the thread or membranous portion consisting of the corona. It bears an edible fruit consisting of an oval or yellow berry as large as a small apple known throughout the South as "May pops."

The whole plant is used when matured and in bloom, with fruit upon it. There is found in the shops a homœopathic tincture, specific tincture, and a fluid extract.

The dose for children of the tincture is from the fraction of a drop to ten drops; of the fluid extract from one to thirty drops. For adults, from one to thirty drops of the tincture, and of the fluid extract from fifteen drops to a teaspoonful, Glycerine being a good vehicle with which to combine it.

It is a neurotic, anti-spasmodic, soporific, anodyne and sedative. It has special action upon the ganglionic cells of the gray matter of the cord.

It exerts a special influence over the ganglia of the thorax, pelvis and abdominal regions, and generally quiets the excitement of the medulla oblongata.

In insomnia it acts like a charm, without any unpleasant after-effects. It is valuable in neuroses, and reliable in tonic spasms which are present in a great number of cases of spinal meningitis, and it will prevent clonic spasms.

In the nervous affections following congestion of the cord and ganglionic centers, it produces a quieting effect not produced by any other remedies, in the rapid, irregular respirations, due to irritation of the medulla. It is a specific in pains of the heart, when there is a great fear of immediate dissolution and constant fear of death, with an irregular pulse.

In the irregular pains of pregnancy its action is sure.

In dysmenorrhœa its action is decisive and pleasing, tiding the patient over the menstrual period with comfort.

In facial neuralgia, and neuralgia of the fifth pair of nerves, it is very useful.

In insomnia, from over-indulgence in alcoholic beverages, it acts like a charm, given in full doses every hour until rest is produced. It relieves innervation of the nerve centers—sympathetic innervation, especially so in epilepsy, given at night when nightly attacks occur.

In enlarged prostate, through its action upon the ganglia of the pelvis, it exerts a special action.

In spasms of children you will be more than pleased with this remedy.

In the middle stages of typhoid fever, in the initial stages of scarlet fever, where the great restlessness of the patient is so trying to the physician and friends.

I have here presented quite a number of different manifestations in which the remedy is indicated, all depending in a greater or less degree upon the same conditions. They are only given as pointers, as it were, showing the large number of different manifestations, depending upon the same parts at fault in which it is admissible by its action upon these certain parts of the nervous system, by either not performing their functions or from an over action. We have in this remedy an equalizer that draws the line as it were, by securing what the physician seeks: tranquillity of mind, of motion—rest, quietness; without depression of the circulation or nervous system. The more you use it the greater field you find for its action.

241 Wabash Avenue.

UTERINE FIBROIDS.

By J. J. THOMPSON, M.D.
CHICAGO.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892.]

To undertake to classify fibroid tumors of the uterus, or to go into the etiology or pathology of these lesions at this time would be as tedious as it is unnecessary. The profession has been studying their pathology for years and what they most want to know now is, how shall we treat them? This is the standing question among the profession the world over and in attempting to answer it, it is often more easy to say what not to do than it is to say what should be done.

I shall not hope in this short paper to present ideas essentially new, but hope to emphasize some methods of treatment that have been advanced by others, adding my experience and calling out the ideas of those more experienced than myself. In treating fibroid tumors three facts must be kept in mind:

1st. Ninety-five per cent of all patients suffering from fibroids will get well of themselves if left alone until after the climacteric.

2d. The principal harm to the patient suffering from fibroid is due to loss of blood and pressure upon adjoining viscera.

3rd. Relief comes only from regular and long continued treatment.

If we fully comprehend the first of these facts we should certainly consider a case a long time before we could conscientiously resort to any treatment which would endanger the life of the patient. This suggestion refers directly to laparatomies and vaginal enucleations and indirectly to the heroic use of electricity and powerful doses of ergot. When we consider that under the most skillful use of the knife thus far attained, eight per cent of all cases die, and that if left alone only about three per cent fall a victim to the disease, it will readily be seen that a conscientious physician would undertake a hysterectomy only after all other means had failed and the patient's life was in imminent danger from

loss of blood or from the pressure of a rapidly growing tumor upon other organs. Inasmuch as this view is held by the best gynecologists of the day it hardly seems worth while to dwell upon it here, and yet not many months ago a patient was sent me from St. Louis for examination and treatment. After carefully going over her case I diagnosed a fibroid of the uterus and refused to take the case unless I could have from two to four months' time in which to treat it.

The husband was sent for and upon his arrival the same statement was made to him. Both husband and wife seemed to think that the time required was too long and went away disheartened. A few days later they were recommended to one of our leading hospitals and there met a bold surgeon, who promised a cure in three weeks by the use of the knife. The result was that within forty-eight hours from the time she entered the hospital, this lovely and otherwise healthy young mother, was carried out a corpse. There is not a doubt in my mind that by the persistent use of the methods which I will mention, this patient might have been spared to a life of usefulness. This patient's death was caused, not from any lack of skill on the part of the operator, for he was recognized as one of the best surgeons in the city, but rather on account of the hazardous nature of the operation itself, as must all operations necessarily be for the radical cure of fibroids of the uterus. Of course, these remarks do not refer to pedunculated intra-uterine fibroids easily accessible to the knife or ecreseur.

Dismissing the subject of surgical interference we come to the second fact mentioned, namely, that the principal harm done the patient is from loss of blood and from pressure upon and displacement of other viscera. A fibroid tumor *per se* is entirely harmless. It is only when the loss of blood becomes so great as to alarm the patient, or the tumor becomes so large as to cause pain from contact with other organs that the patient comes to the physician for help, unless, perchance, there are other troubles which demand his attention.

The question then confronts the physician, What shall be done? First, stop the hemorrhage, and second, reduce the size of the tumor.

In regard to the first, every careful homœopathic physician can testify to the value of such remedies as Hamamelis, Ipecac, Sabina, Geranium and Secale. The indications for these drugs you will find in medical works on this subject, and it is not necessary to review them here. Surgically, much can often be done to arrest the hemorrhage by the skillful use of the curette and tonic local applications.

But, let me ask just here, is it best to use measures to forcibly stop this loss of blood, only as it can be done by bringing about a radical change in the tumor itself? Is not this same hemorrhage nature's way of relieving the congestion of the tumor? I simply offer the suggestion for what it is worth.

And now, the last and most important division of this subject confronts us, namely: How shall we reduce the size of the tumor?

First and foremost comes the use of electricity. This agent so successfully used and taught by Apostoli and adopted by most gynecologists in this county, is becoming deservedly more and more popular. I believe this agent alone will relieve seven-tenths of all cases of fibroids, and when re-enforced by such remedies as the Iodide of lime, Secale and Cimicifuga, and possibly Saw Palmetto, no physician need despair of curing the worst cases that may come under his care.

It is not necessary for me to enter upon a long discussion of the various kinds of batteries and different ways of applying the electric fluid to the parts affected. Many good works on this subject are now extant and will well repay a careful perusal. A few words here will suffice, and these are that an elaborate electric apparatus is not necessary. More depends upon the skill and persistence of the physician than upon the cost of the battery. I believe it is now generally conceded that a mild current long continued is better and safer than the stronger currents formerly used; at least this has been my experience. I do not use an intra-uterine electrode to begin with, and in most cases it is unnecessary to use more than the vaginal electrode with the sponge placed alternately upon the abdomen and back.

In regard to the use of the remedies above mentioned, as agents for the reduction of the size of the tumor, the Iodide of calcium is doubtless the most curative. This remedy was suggested to me by Professor Kippax several years ago and I have reason to thank him for it, but to be most effective it must be given in material doses, although I have seen good results from the 3x trituration. Ergot is the mainstay of the old school and is no doubt a

good remedy at times, but I do not think it necessary to give it in the heroic doses they use, and I believe its action is much enhanced if given with Cimicifuga in drop doses of the tincture. I have not had much experience with the Saw Palmetto in this connection, but from its action on the enlarged prostate I have reason to believe it will prove a valuable adjunct in the treatment of fibroids.

In closing I wish to emphasize the question of time it takes to effect a cure. Many physicians are too willing to promise speedy recoveries and justify themselves by saying that they could not hold the patient unless they did. In my opinion they would "hold" more patients and hold them longer if they would explain to the patient the true nature of the disease and tell them frankly that it would take months to cure them. The patient would not then get discouraged if, at the end of one or two months she found herself but little benefited, and would be more likely to persist in the treatment until dismissed by the physician, and even when dismissed as cured, there is no certainty that the tumor will not begin to grow again and require further treatment, unless it be after the menopause.

THE ATTITUDE OF OLD-LINE LIFE INSURANCE COMPANIES TO HOMŒOPATHIC PHYSICIANS AS MEDICAL EXAMINERS.

By J. B. DUNHAM, M.D.

WENONA, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May, 1892].

THE necessity of homœopathic physicians and their patrons demanding their rights in all matters where they are discriminated against because of their medical opinions, is made more apparent from year to year. A proper share of the State and government patronage will be accorded when our demands are backed by organized effort, seconded by the individual influence and co-operation of every homœopathic physician in the United States.

Old-line life insurance companies will grant us full recognition when they see that we stand ready to urge our claims for justice by a solid front of opposition to any company denying us our right and ability to examine applicants for insurance, when they grant without question our ability to attend them in a medical way after insurance.

That this inconsistency is fully recognized by some of the leaders in life insurance matters, is made apparent editorially in the September number of *The Spectator*, the leading life insurance weekly in the United States. The paragraph quoted says:

"Some members of the Homœopathic convention at Atlantic City raised the question of boycotting the life assurance companies that discriminate against them by refusing to appoint physicians of the homœopathic school as examiners. The medical directors of the companies are allopaths, and the intense hatred of the adherents of other systems is carried into the management of the business with a blindness to justice and the circumstances of the case which is reprehensible. The position is a peculiar one in some respects.

"Take the case of an applicant for assurance whose own and family physician is a homœopath; the company's examiner is an allopath; perhaps younger as a practitioner and in experience than the homœopath. He makes his report, in which some facts are brought out bearing on the previous health, and reference to the family physician is desirable. His information is valuable and to be relied upon, yet a second examination by another allopath may be determined on unless the medical directors show good judgment.

"The fact that the practice of homœopathy is extending cannot be ignored, that State boards of examination are composed of allopathic, homœopathic, and eclectic schools, and while the candidates profess to follow one or other of the systems, they are expected to know something of each. The medical directors who regard the homœopath as either a rogue or a fool must not mistake the signs of the times. Life insurance companies do not reject the applications of those who patronize homœopathic physicians, and they should not ignore the fact that a school of medicine good enough for their members to tie to, will not prove unworthy of any confidence they may place in it."

Wishing to learn from headquarters who were our friends, I addressed the following to thirty-two old-line companies doing business in Illinois in 1890.

DEAR SIR:—

I have in preparation a paper to be read before the Illinois Homœopathic Medical Association.

Its title is, "The Attitude of old-line Life Insurance Companies to Homœopathic Physicians as Medical Examiners."

I desire to learn from the Honorable Secretary of your company the policy that you pursue in this respect. Trusting that an early reply may be accorded me, I am,

Most respectfully,

J. B. DUNHAM, M. D.

To this letter of inquiry nineteen replies were received to thirty-two letters sent out.

These replies being short and pointed, I take the liberty of reading them, as members may thereby gain information that has surprised more than one life insurance agent who has called at my office since their receipt. I read the letters, not a copy:

The Ætna Life Insurance Co., of Hartford, Conn., says:—

"This company employs both regular and homœopathic physicians, principally the former."

The Union Central Life Insurance Co., of Cincinnati, O., says:—

"This company does receive examinations made by homœopathic physicians, but as a rule it aims to secure examiners of the regular school of medicine."

The Equitable Life Assurance Society, of New York, says:—

"I beg to enclose a copy of the Society's Hand-Book for Medical Examiners, on the sixth page of which you will find stated the items which constitute the qualification for a medical examinership with us. Among such items you will *not* find any reference to sectarian or non-sectarian professional affiliation."

The Germania Life Insurance Co., of New York, says:—

"Any conscientious physician of learning, whether he practices on the allopathic or homœopathic system, may examine for this company, provided he be able to make a good medical diagnosis and a correct test of the urine, and to report to the home office in as clear and concise a manner as possible the medical history, the actual physical condition of the applicant and all that pertains to his health and its probable sustenance."

The New York Life Insurance Co., of New York, says:—

"Our company has no arbitrary rule in regard to its medical appointments. The selection is made by the Medical Board, and is determined by the necessities of the occasion and the fitness of the physician proposed."

The Penn Mutual Life Insurance Co., of Philadelphia, says:—

"We are at present considering the question of appointing homœopathic physicians as examiners for this company, but have not as yet arrived at a decision."

The National Life Insurance Co., of Montpelier, Vt., says:—

"This company discriminates against no school of physicians as a class, but endeavors to secure the best talent, regardless of 'pathy.'"

The Metropolitan Life Insurance Co., of New York, says:—

"Years ago the practice was established by the directors of this company to employ as medical examiners physicians of the Allopathic school. This practice, in general, prevails up to this time, though we do not rigidly adhere to it, Homœopathic physicians being employed by us in some instances."

The Northwestern Mutual Life Insurance Co., of Milwaukee, says:—

"We employ the best physician procurable in each locality in which we do business, no matter what school he may be a graduate of. We have many appointed examiners of the homœopathic faith."

The National Life Insurance Co. of the U. S. of A., of Washington, D. C., says:—

"This company has sought to employ in each place the physician best fitted for that work, whatever might be his school of practice."

The Connecticut Mutual Life Insurance Co., of Hartford, says:—

"We assume no attitude in regard to homœopathic physicians as medical examiners, but in our selection of a proper person to act as our medical examiner seek always to find the best man in the town where we wish to make such appointment, irrespective of his school."

The Massachusetts Mutual Life Insurance Co., of Springfield, Mass., says:—

"We have both schools of physicians on our list of medical examiners. There are some twenty or more homœopaths whose examinations have been accepted by us, and some seven or eight who are regularly appointed and do regular work for us."

The Mutual Benefit Life Insurance Co., of Newark, N. J., says:—

"The aim of this company is to secure the best examiners without reference to the school to which they belong."

The Phœnix Mutual Life Insurance Co., of Hartford, Conn., says:—

"In reply would say that we do not discriminate against homœopathic physicians when they are graduates of first-class medical schools. In fact, some of our best examiners are homœopathists."

The New England Mutual Life Insurance Co., of Boston, says:—

"The medical examiners of this company are appointed according to merit, and not because they belong to any particular school."

The Michigan Mutual Life Insurance Co., of Detroit, Mich., says:—

"We do not care anything about the peculiar views our medical examiners have regarding medicines in their practice; or whether they have any views at all, so long as they conform to our requirements."

The Pacific Mutual Life Insurance Co., of Sacramento, Cal., says:—

"Our agents are instructed, upon entering a new field for the purpose of soliciting insurance, to select as our medical examiner the most competent and reliable physician available."

The Provident Life and Trust Co., of Philadelphia, says:—

"The most that we can say is that as companies are not allied to any school of medicine, and could not afford to adopt the attitude of arbitrary discrimination, the evils complained of [by homœopathic physicians] are likely to be rectified."

The Prudential Insurance Co., of Newark, N. J., says:—

"It is the purpose and aim of this company, in the selection of medical examiners, to secure, wherever possible, those who are qualified professionally for the service imposed upon them. The *sine qua non* is professional ability with integrity of character."

Dr. Asa S. Couch said at the World's Homœopathic Convention in '91: "We, as homœopathic physcians, appear to be insensible to the fact that every assumed superiority unprotested, and every important position appropriated by the old school holds prestige for that school, and casts a shadow of unequal value upon our own."

Having s en the truth of this, time without number, I beg to offer the following resolution:

Whereas, The homœopathic physicians of Illinois are as well qualified in every particular to make scientific physical examination and diagnosis in the case of applicants for life insurance as are the members of the allopathic school; and,

Whereas, Certain old line life insurance companies unjustly discriminate against homœopathic physicians as medical examiners;

Resolved, That each member of this Association and each homœopathic physician in Illinois be urged to use his or her influence in overcoming such unjust discrimination wherever and whenever it exists; and,

Resolved, That the Illinois Homœopathic Medical Association hereby protest against such unjust discrimination.

Let us assist our friends and be prepared on every possible occasion to convince our enemies that proper and just recognition would be mutually beneficial.

Diet in Rheumatism.

In the early stages of the disease it is not difficult as a rule, to restrict the patient to a suitable, diet, as the difficulty usually is to get them to take enough nourishment, but during convalescence, and when the appetite begins to return then it is difficult to make a patient believe that a good supply of butcher's meat will retard his progress toward recovery. But as a matter of fact, those of us who have had much experience with rheumatism know that a return to solid food and more especially the giving of meat too soon, is most likely to be followed by a relapse, because in acute rheumatism the system is loaded with waste products, the result of imperfect assimilation, and the digestive functions are seriously impaired. So long, therefore, as the symptoms are acute, small quantities of milk, with some alkaline water, such as soda or lime water, should form the main part of the diet; besides these a little beef tea, chicken tea, or mutton broth may be added. As the temperature falls and the acute symptoms subside, vegetable soups, bread and other starchy foods may be gradually added to the list; gruels, malted foods, arrow root, rice and yolk of an egg beaten up with milk, and a small quantity of brandy. As convalescence progresses, fish, oysters, and chicken may be allowed once daily. The above line of diet should be adhered to strictly until all symptoms of rheumatism have entirely disappeared. As a rule, ales, wines, and the stronger alcoholic liquids are objectionable, except where the action of the heart is feeble, or in the latter stage of the disease. —*Med. and Surg. Reg.*

"Why, Nellie, have you been sick?"

"Yes, ma'am, but I unswallowed myself and I am better now"

SOCIETY PROCEEDINGS.

CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

The regular monthly meeting of the Chicago Academy of Homœopathic Physicians and Surgeons was held at the Great Northern Hotel, November 3, 1892, Dr. R. N. Tooker, President, in the chair.

Minutes of the last meeting were read by the Secretary, Dr. Emmet L. Smith, and approved.

Dr. S. N. Schneider read a paper on

A CASE OF HYDROPHOBIA.

DR. TOOKER: The very interesting paper of Dr. Schneider is now before you, gentlemen, for discussion.

DR. J. S. MITCHELL: I would like to ask Dr. Schneider whether he took the temperature.

DR. SCHNEIDER: The temperature was taken twice; once by myself on the morning of the second day, when it was a trifle subnormal; and then it was taken immediately after death by the nurse, and it was 106°.

DR. TOOKER: What is your idea of the case, Dr. Mitchell?

DR. MITCHELL: I did not hear the first part of the paper, but I think I heard enough to convince me that it was a case of true hydrophobia. The fact that the spasms recurred takes it out of the spurious category of hydrophobia, and its termination in death takes it out of the category of hysteria, and that leaves acute mania and tetanus with which it might be confounded, and certainly it was out of the line of either of these. I should say there was no question in regard to the diagnosis. The frequency of the respiratory spasms and the recurrence of the convulsions upon the attempt to drink water are very characteristic. It would perhaps be interesting to know what the temperature was during the attack. It has never been my fortune to see a case of hydrophobia. I am very glad to testify to the infrequency of the disease. I have never seen it in private or hospital practice, nor with this exception have I known of well authenticated cases among any of my friends.

There is one thing that occurs forcibly in regard to the treatment, and that is this: if I ever saw a case of hydrophobia, I should at once, on the occurrence of the first spasm, put the patient under the influence of chloroform. I should treat it exactly as I would a case of puerperal convulsions, not perhaps giving the chloroform continuously. I would not leave the patient a moment except under strict surveillance. If I was not present myself I would have another physician there. When there is an attempt at convulsive movement, I would put the patient under an anæsthetic, and during the intervals I would administer some remedy, such as Belladonna, Hyoscyamus, Nux vomica, or Curare. The success obtained in one or two instances by physicians of the old school with minute doses of Curare should encourage us to use the remedy. I have an idea that if a case was kept continually under chloroform until the virulence of the poison was abated and nourished during this time, it might offer some hope of a cure.

DR. TOOKER: We have with us tonight two physicians from out of town, Drs. Cogswell and Weirick. We shall be glad to hear from them in regard to this case.

DR. C. A. COGSWELL, of Waukegan: Mr. President, it has been my misfortune to see two cases of hydrophobia. In one of them we did not use chloroform, but ether, for five continuous days. The case terminated fatally. The usual remedies were given, and Strychnin hypodermically. I must confess that I do not see any difference in the two cases I saw, and the one reported by Dr. Schneider, except that Dr. Schneider's patient died in shorter time.

The case I have in mind was a blacksmith by trade, having been bitten by a dog that had hydrophobia. The wound was seared with a hot iron. I think the symptoms of hydrophobia developed in about four weeks, a little sooner than in Dr. Schneider's case. There were three physicians in attendance, and it was suggested to use an anæsthetic and keep him under the influence of it, if possible. Even then the spasms recurred. I would like to hear an expression of opinion as to how to treat such cases, if there is any way to do it successfully.

DR. C. A. WEIRICK: I have never seen a case of hydrophobia, and have never given the subject any special attention. I should try theoretically hydrate of chloral if I had a case.

DR. C. D. RICH: The treatment of hydrophobia is divided into the curative, the palliative and the prophylactic treatment. I do not believe any well developed case of hydrophobia in the human subject has ever recovered.

Such recoveries have taken place in the lower animals, as dogs, and I believe in rabbits. The curative treatment after the development of the disease is practically of no value.

The prophylactic treatment of Pasteur at present is almost absolutely sure. Pasteur has succeeded in reducing the death rate of hydrophobia in animals from 15 to 20 per cent. In 1886 it was less than 2 per cent and at present, with his improved methods, it is something less than one per cent; so that the Pasteur method of inoculation is an almost sure preventive of hydrophobia if applied soon enough after the primary inoculation. The death rate in the case of wolf-bite by the Pasteur system of treatment has been reduced from something like 88 per cent to, I believe, 25 per cent. Wolves and cats attack the face and the exposed parts of the body, consequently there is more direct inoculation of the virus.

Dr. Willard has seen a case of hydrophobia in Cook County Hospital, the only one that I know of ever in the wards of that institution, and I think his description of the case will prove of interest to us. The case terminated fatally, I think, in about twenty-four hours.

DR. W. G. WILLARD: The case alluded to by Dr. Rich came under my observation about five years ago in Cook County Hospital. It was a man, about 40 years of age, illiterate, of large physique, and a hod-carrier by trade. Nine weeks before his admission to the hospital he was bitten by a small tan dog on the end of the nose, leaving a scar. He had been perfectly well, and pursued his occupation until a day or so before his admission to the hospital; then he acted strangely, and his folks feared hydrophobia and sent him to the hospital. They had the dog killed. The dog was allowed to roam the streets for two or three days following the bite, and finally was killed without presenting decided symptoms of rabies. The man presented no particular symptoms. He was admitted at 6 o'clock in the evening. The nurse said he had some difficulty in swallowing; when a glass of water was offered to him he was somewhat adverse to taking it. About eight o'clock in the evening severe symptoms came on, and the patient had to be isolated in a room by himself. He was very dramatic in the way in which he would swallow liquids or medicine. He would take the glass in one hand and hold it away from him to one side with the head in the opposite direction, struggling with the spasmodic condition in the throat. He would then turn his head and swallow the liquid. A little later in the evening the paroxysms were frequent and he was unable to swallow. At 11 o'clock he became delirious and would spring from the bed, and finally went to a chair and stood ready for any one that approached him. He was held down. He became more and more violent, so that it was difficult to restrain him. We finally administered chloroform about one o'clock in the morning, and under its influence he sank rapidly and died at five o'clock the following morning. I took his temperature at the time of death, per rectum and axilla also, and it was between 108° and 109° F.

Salivation in this case was exceedingly profuse. We kept well to the rear and to one side in order to avoid being expectorated upon. If we suggested water, or brought a white handkerchief for his face, or anything of that kind, it would immediately bring on a paroxysm. The patient would lie quietly for a time on the bed, then suddenly spring upon his feet and expectorate very violently.

As to the treatment of the case, he had the usual homœopathic remedies, and aside from these a large amount of Chloral hydrate and Morphine with Atropine. I think he had Strychnine also. None of the remedies affected him in any particular way. The only thing that quieted him was chloroform. There were several points in the case that tallied with Dr. Schneider's case. In this case the disease developed nine weeks after the man was bitten, while in Dr. Schneider's case it was five or six weeks.

DR. SCHNEIDER: Six weeks and three days.

DR. WILLARD: In something over five hundred cases of rabbits the period of incubation was 72 days; in a large number of human subjects (male) 80 days; in the female about 65 days. Pasteur found also the period of incubation shorter where the bite was on the face, rather than upon the other extremities, as the hands or legs. The period of time elapsing from the initiatory symptoms until death was about the same in this case as in Dr. Schneider's. He had slight symptoms the day before he was admitted to the hospital, and died early in the morning of the third day.

DR. C. D. RICH: Did I understand you to say, Dr. Willard, that the period of incubation in the rabbit was 72 days?

DR. WILLARD: Yes.

DR. RICH: In what way was the inoculation made?

DR. WILLARD: I do not know whether it was with attenuated virus or not.

DR. RICH: The period usually given for the human subject, when the inoculation is made under the skin, is from 40 to 60 days. Pasteur found in the rabbit that where the inoculation was made in the subarachnoid space by trephining the skull, taking the virus fresh from a rabid dog, the period of incubation was 15 days uniformly. By propagating from one rabbit to another the period of incubation was decreased. Pasteur, in passing the virus through a series of rabbits, found that its intensity was increased until about the one hundredth transfer the period of incubation was from seven to eight days. In the guinea-pig the same phenomena occurred, with the exception that in the guinea-pig it was lowered to about six days. In transferring the virus from a dog to a monkey and from one monkey to another the virulence of the poison was diminished, the criterion of the virulency of the poison being the length of the period of incubation. One of the indications in a case of supposed hydrophobia is not to kill the dog, but let the animal live in order to see whether he has hydrophobia or not. There is one symptom usually present by which it can be told whether the animal has hydrophobia or not, and that is the presence in the stomach of small particles of straw, bits of wood or other foreign material. The animal in the earlier stages of the disease seems to have a craving for these substances, and in their stomachs will be found a mass of them.

There was a Pasteur Institute in New York, for the treatment of hydrophobia. Dr. Mott, of New York, treated some thirty cases or more there without a death. I saw Dr. Mott in 1889, and at that time there was no recurrence or death from hydrophobia in any of the subjects. The institution failed from lack of financial support. There is another one at the present time in successful operation in charge of Dr. Gibier.

DR. J. H. BUFFUM: I would ask Dr. Schneider if he thinks albuminuria had any bearing upon his case.

DR. SCHNEIDER: I will simply say that the different authorities I have looked up have mentioned the fact that albumin has existed in the urine, and sometimes both albumin and sugar. Whether it was the presence of albumin or the uræmic feature that produced the coma that preceded death or not, I am not prepared to say. As I stated in my paper, the other physician, who was present several times during the case after Dr. Tooker had seen it, held strongly to the idea (behind my back to the family) that death was from Bright's disease and uræmic convulsions.

I wish to say a word as to the treatment of the case, although I make no pretense to its being scientific to any extent, but only palliative. There was no question in my mind from the first moment when the thought of hydrophobia occurred to me after I had obtained the history but what it was hydrophobia. As Dr. Rich said, there is no record in this country of a case in the human subject ever having recovered from the disease. There are two cases on record in the old country in which recovery is said to have taken place. One of them recovered under the action of Curare; the other under Belladonna; the one cited by a homœopathic physician was cured by Belladonna, and the other, by an old school physician, by Curare.

Dr. Rich has said the treatment is divided into the curative, the palliative and the prophylactic. The family and the patient objected to the use of chloroform. The family was willing for us to give the patient hypodermic injections of Morphine, which quieted her for a longer or shorter time. I gave her what might be considered heroic doses of Morphine, namely, three-eighths, one quarter, and half of a grain, and at no time was there any action produced by the Morphine that could be construed as detrimental to the chances of the patient. It simply subdued the paroxysms so that the patient did not seem in perfect agony to the family. Chloral hydrate and Hyoscyamus and its various alkaloids have been used, and in fact all of the sedatives have been applied in cases of hydrophobia, and it is simply a question so far as to how much benefit we expect to get from their use.

DR. TOOKER: The similarity in the symptoms exhibited in Dr. Schneider's case between hydrophobia and tetanus were to my mind very striking at the time I saw the case, and recall two cases of tetanus that have come under my observation, both terminating fatally, and I have come to believe that what has been said of the fatal termination of true hydrophobia is perhaps as true of tetanus. However, I had the honor and pleasure since

this case (Dr. Schneider's) occurred of being called in consultation with one of our eclectic friends, who is present this evening, in a case in which the convulsions were controlled with a remedy that I was utterly unfamiliar with —a remedy I am looking up as I can find but little concerning it in homœopathic literature. The only thing I know I got in Hale's *New Remedies* in which there are a couple of pages. This remedy is highly recommended in tetanus. Dr. Phares, of Newtonia, Mississippi, claims he has cured two cases of marked tetanus in horses, and one case in the human family, with it, and it is possible that if we had known of this remedy and used it we could have had better results. The remedy, as exhibited in the case in which I was called in counsel, interested me very much. It was Passiflora. Dr. A. F. Wheeler is with us this evening and will read a short paper on the subject.

Dr. Wheeler then read a paper entitled

PASSIFLORA INCARNATA.

DR. TOOKER (opening the discussion): We are very much obliged to Dr. Wheeler for giving us this paper. In making inquiries regarding the remedy I found so little in our books, that I asked at the pharmacy what they knew about it. Dr. Gross was kind enough to give me a clipping which had already been set up in type regarding the new remedy, which I will read:

"In bringing this remedy to the notice of the profession, I do not wish to be understood as recommending it for any particular condition by virtue of its similarity from the proving, for I have none; nor do I know that it has ever been thoroughly proven. I offer it, therefore, as an empirical remedy until it shall be proved and its exact sphere of action determined.

"Passiflora, in my experience, has been particularly useful in cases of insomnia of purely nervous origin; especially in cases of debilitating disease which develop a decided neurasthenia, and in which sleeplessness is a marked and very troublesome symptom.

"It does no good where the inability to sleep is due to pain or distress of any kind, but in cases where we find that the nervous erethism is not controlled by the action of coffee, opium, sulphur, or other apparently indicated remedy. Passiflora is in its place as a succedaneum for morphine or other sedatives. The dose varies from ten drops to one drachm of the tincture, according to the age of the patient. I do not hesitate, in the case of an adult, to give drachm doses of the tincture every hour until the patient sleeps, and have seen it act in the happiest manner in restoring the rhythm of the heart's action when that organ has been deranged in its movements by the combined effects of exhaustion and loss of sleep.

"Passiflora has also given me much aid in a case of morphine habit of six years' standing, which I cured wholly and entirely by the use of this remedy. It is recommended in the above mentioned doses for delirium tremens, trismus, tetanus, and kindred diseases of the nervous system, repeated every hour or half hour until relief is obtained. This remedy leaves no after-effects, is incapable of creating an appetite, and so far as my observation extends, it is perfectly harmless even in large doses often repeated."—*Dr. A. I. Harvey.*[*]

In Dr. Hale's article, taken from the same journal, the remedy is particularly recommended for insomnia.

DR. RICH: I would like to ask Dr. Wheeler the size of the dose he gives in the case of a child, and the method of administration.

DR. WHEELER: If I was called in while the child had a spasm, or after the child was through with the spasm, I would not hesitate to give half a teaspoonful. I have never found any ill effects from it given in teaspoonful doses. I would repeat it every half hour or hour if there was a tendency to recurrence of the spasm.

DR. MITCHELL: Leutz, of St. Louis, the homœopathic pharmacist, has been sending out some literature in regard to Passiflora. He confirms what has already been said, and especially notes its value in dropsy. He claims that in dropsy it is very effective, but must be given in doses of from ten to thirty drops. I have had no experience with the remedy, but I have been attracted to it from the strength of the testimonials in its favor.

DR. COGSWELL: The remedy was brought to my notice through Leutz's literature on the subject. I have used it in two cases. One was a case of dysmenorrhœa. The only way the patient was quieted was by the use of Chloral hydrate, which she had taken for five years regularly during the interval between the menses as well as at the time of their occurrence; the habit had been confirmed

[*]See MED. ERA, Jan., '92, p. 16, for this selected article.

with her of using Chloral hydrate, of which she would use four doses every night of fifteen grains each, which she said was the only way she could get sleep, and especially when the paroxysms came on just before the flow she would have to use it every hour and a half to get relief. I gave Passiflora in 30-drop doses, and at no time was the patient obliged to take more than one dose in the evening to quiet the paroxysms of pain. She has stopped the Chloral hydrate habit.

Another case was a graduate from Dwight, who had returned to his cups and was badly used up. He was unable to sleep and to eat. Passiflora quieted him, so that he has given up the habit of drinking entirely.

DR. TOOKER: I have a case to report in which I used the remedy for nervous cough, in a lady, that had resisted everything. I had given Phosphorus, Hyoscyamus and Belladonna. I gave her Passiflora the first day I got it, and in a couple of days afterward she reported at the office. She took five drops and woke up at three o'clock in the morning with great relief. She has since experienced great relief from her nervous cough, which was persistent and troublesome, through its use.

The scientific business having been completed, the Academy proceeded to the election of officers, and the following gentlemen were elected:

PRESIDENT,—Dr. Walter F. Knoll.

VICE-PRESIDENT,—Dr. Charles D. Rich.

Secretary and Treasurer,—Dr. Lorenzo N. Grosvenor.

On motion, the Academy adjourned.

Hydrogen peroxide is serviceable in conjunctival affections—particularly phlyctenular conjunctivitis, and acute gonorrhœal ophthalmia (the instillations being repeated not less than 4-5 times a day, or even every two hours.) In simple, acute and chronic diffuse conjunctival catarrhs, and in trachomatous or follicular conjunctivitis, hydrogen peroxide seems to be useless.

It is a useful and curious fact, as pointed out by Nothangel, that a crystal of carbonate of soda applied to the peritoneal coat of the intestines will cause a contraction which passes toward the stomach. In many instances it is very desirable to know the direction of the stomach, and this experiment will give the information.

SELECTIONS.

Silica in Obstinate Vomiting.

Nearly twenty years ago I received, one Sunday evening, a telegram asking me to see a young lady in Yorkshire. She had been my patient in Edinburgh, and had gone for a holiday. I had heard of her being ill, and at this date it transpired that she had been very seriously ill for six weeks, and was now considered at the point of death. Her two brothers, both doctors, were in attendance upon her—one is now a professor of *materia medica* in a well-known University, and the other a well-known practitioner of homœopathy. Reaching York about one o'clock in the morning, I had twenty miles to go, and arrived at my destination about four o'clock. The brothers met me, and said they were glad to see me, but they were afraid it was too late. I learned that for six weeks there had been persistent vomiting. The patient was a young lady, about twenty years of age, a little delicate, and now emaciated to the last degree. Her brothers thought she certainly was dying, and she had a very dying look. Every remedy which they could suggest, from both points of the compass, allopathic and homœopathic, had been tried without the slightest effect. Any suggestion which I made between 4 A. M. on the Monday morning and 11 o'clock in the forenoon, from their side of therapeutics was equally valueless, and the vomiting was incessant. Of course the question was, what was the origin? Every likely cause was considered. The stomach did not seem to be much affected, but the peculiarity was this—that with a perfectly clean tongue and the ability to take food, no matter what was put into the stomach it was immediately rejected, the vomiting being always preceded, however, by a flushing of the face, and a certain rapid turning of the head, either to the right or to the left. Having no *Repertories* with me I went to York and saw my old friend Mr. Nankivell. I told him the history of the case, spent two solid hours with him over *Repertories* and works on *materia medica*, and at length we came to the conclusion that there were three remedies covering the case. The one that was the most perfect *simile* was, I must confess, the last remedy in the world one would ever have thought of suggesting—common flint, *Silica*. Taking with me a book or two I went back, met the two brothers, and

told them the result. *Silica* was certainly the medicine indicated, and it covered the case most thoroughly. They were both incredulous. Whoever heard of giving *Silica* to cure sickness of six weeks' duration? I reasoned with them, pointing out that they admitted their sister to be a dying woman, and adding, "I think, if homœopathy be true we shall see what it can do." About 6 P. M. they gave the patient a dose of *Silica* 6, the only form they had with them. In one hour she vomited and they gave her another dose. She had not taken it fifteen minutes before she fell into a profound slumber, a thing unknown for six weeks, and slept through the whole night. When I went again at eight o'clock on the following morning she questioned me eagerly as to what it was I gave her, and described the effect of the first dose as that of something immediately "going into every part of her body," and having a calming and soothing influence. She had, in fact, turned the corner. There was no more vomiting and she made a good recovery. One of the brothers, who had before been inclined to homœopathy, became a firm homœopath, and he went back to Edinburgh more than ever impressed with the value of works of reference.—*Dr. W. T. P. Wolston, Monthly Hom. Review.*

Cocaine as a Local Anæsthetic in Cases Requiring Amputation of the Digits.

Cocaine, used correctly and judiciously, furnishes the surgeon with a local anæsthetic *par excellence*. It is the improper employment of the drug that is the frequent cause of failure and consequent chagrin of the operator.

The writer has used cocaine to produce local anæsthesia in over one hundred and fifty cases of minor surgery,—such as the amputation of fingers and of toes, the evulsion of ingrowing nails, the extirpation of pedunculated growths, in circumcisions and in the excision of the uvula,—and has yet to experience the slightest untoward result, either from the immediate use of the drug, or from its asserted liability to produce subsequent sloughing in the wound.

The following is the method which is carried out in cases requiring amputation of one or more digits:

The entire hand or foot—as the case may be—is thoroughly cleansed and rendered as antiseptic as possible. The instruments are immersed in a solution of carbolic acid (1 to 40).

A piece of small-sized rubber tubing is now made to twice encircle the base of the finger or toe to be amputated, and is then securely tied; if the ends of the tube are long and permit of being carried across the back of the hand or the upper surface of the foot, they may be tied, for the convenience of the operator, around the wrist or ankle. When the amputation involves the metacarpal joint, the tubing, of course, cannot be placed at the base of the finger, but is passed twice around the metacarpal bones of the fingers (thumb being excluded), and then tied.

The reasons for using tubing instead of a solid elastic ligature are: That more uniform constriction of the tissues is permitted, and there is less liability of injuring the softer structures of the part.

The next step in the operation is the injection of the cocaine solution; but before this is done, several points of considerable importance, and bearing largely upon the success of the operation, must be carefully noted:

1. The syringe and needle used must be rendered antiseptic. This is best done by washing them *both* in a solution of carbolic acid. It will not suffice to clean the syringe and forget the needle, as I have observed physicians do on more than one occasion.

2. The cocaine employed must be the pure alkaloid. An adulterated article may not only fail to produce anæsthesia, but its use will likely be followed by suppuration.

3. A fresh solution of the drug should be employed. I have used, with entire satisfaction, a solution of at least two months' standing, prepared with boracic acid. The following is the formula:

℞ Cocaine hydrochlorat, gr. xx.
Acid boraic, gr. xv.
Aquæ dest., f ʒ i.
M.

I never use a stronger solution of the drug than four per cent, for several reasons:

1. A weak solution permits a minimum amount of cocaine to reach a maximum extent of surface. Hence, anæsthesia is produced over a larger area with a less amount of the drug than would be the case were a strong solution employed; and:

2. Individual susceptibility to the toxic influence of cocaine is greatly lessened, if not rendered *nil*, by acid powder or iodoform, over which a strip of oiled silk is laid; next a layer of wet bi-chloride gauze, over which is placed a layer of the same kind of gauze, dry; next follows a piece of wax paper, and finally the bi-chloride cotton, a splint and a bandage.

About every three or four days a new dressing is applied, and in from two to three weeks, the stump is entirely healed. During the process of healing, attention must be paid to the general health and to the state of the bowels.—*Dr. L. E. Adler.*

Medical Emergencies.

Accidents in giving Anæsthetics.—Tincture of digitalis hypodermically; draw out the tongue and see that respiration is not mechanically impeded; invert the patient quickly and temporarily; use forced respiration promptly; apply external warmth and stimulation; avoid the exhibition of alcohol.

Angina Pectoris.—Inhalation of chloroform, or a few drops of nitrite of amyl; 1-100 grain of nitro glycerine, internally; placing the feet in hot water; mustard to the precordial region; dry cup between the shoulders; hypodermic injections of morphine and atropine; administration of stimulants and anodynes.

Apoplexy.—Elevate the head and shoulders; if pulse is moderately strong and the brain congested, bleed from the arm freely, sixteen ounces or more; eleterine (one-sixth grain) or croton oil, two drops in a drachm of sweet oil or glycerine; cold to the head by means of an ice bag.

Asphyxia.—In drowning, hold the patient's head downward for a few seconds. In hanging or choking, bleed from the jugular. If there is obstruction to passage of air through the mouth or nose, open trachea. Artificial respiration at once, and to be continued. Friction, warmth, warm bath (100°), ammonia to nostrils, galvanizing of phrenic nerve.

Asthma, Spasmodic.—Hypodermic of atropine into the nape of the neck; inhalation of smoke of stramonium leaves; fluid extract of nux vomica, internally, alcohol, ether, chloral, opium; inhalation of chloroform cautiously administered.

Colic, Gall.—Morphine, hypodermically; inhalation of chloroform; hot applications to the abdomen.

Coma.—Dark room; head high and cool; head shaved; low diet; croton oil; if due to compression, antiseptic trephining; if due to anæmia, pilocarpine and hot baths.

Heat Stroke.—Remove clothing, sprinkle with water, cold cloths to the head, hot cloths to feet; antipyrin; bleeding in robust subjects. After temperature is reduced give alcohol and diffusible stimulants, hypodermically if necessary.

Pulmonary Hæmorrhage.—If severe, raise the thorax, administer opiate; gallic acid, fifteen grains, every fifteen minutes; ergotin, five to ten grains hypodermically, two or three times daily; ice bags to the chest; as a last resort a ligature may be thrown around the larger limbs. (*Tyson.*)

Hæmorrhage from Stomach or Bowels.—Tannic acid, ten to fifteen grains, if due to capillary oozing. If from typhoid fever or ulcer of the stomach, treat as for pulmonary hæmorrhage.

Hiccough.—Acid drinks, cold douches, ether or chloroform internally, externally or by inhalation; musk, opium, antispasmodics.

Hysteria.—Inhalations of ether or chloroform, for the spasms. If this is contra-indicated, give mono-bromide of camphor, musk, valerian, asafœtida, the bromides. In convulsive seizures, morphine and atropine hypodermically.

Shock.—Warmth; hot water bottle to feet, flanks and epigastrium; warm effusion to head; horizontal position; frictions, stimulants, brandy, ammonia, galvanism to precordia.

Strangury.—Vesical, hypodermic injection of morphine, to be followed by other remedies; rectal enemata of starch-water and laudanum, followed by a hot sitz-bath.—*American Practitioner and News.*

Germs of Diphtheria.

The following are the ways in which the germs may be conveyed from the sick to the healthy:

By immediate contact, as in kissing.

By particles of throat secretion forcibly ejected during examinations and thrown directly into the mouth or nostrils of the examiner.

By inhalation of a patient's breath.

By inhalation of dried sputum suspended in the air as dust.

By the clinical thermometer, if temperature is taken in the mouth. (Take temperature in the axilla.)

By using undisinfected utensils, as spoons, tongue-depressors, drinking-glasses.

By pipes, pens, pencils, etc., that have been in the mouth of the sick.

By the hair, whiskers, or clothing of nurse or doctor.

By wearing clothing that has been worn by the sick.

By reading a book or letter that has been in the hands of the sick.

By eating butter or drinking milk from an infected house.

By drinking water contaminated by sputum which has been thrown into the water or upon the ground, whence it has filtered into wells, etc.

By drinking water contaminated by seepage from cemeteries where those dead from diphtheria have been buried.—*Dr. Blanchard.*

Europhen in the Treatment of Throat and Nose Diseases.

Europhen is an amorphous, light yellow powder, with very slight odor, and may be used either in powder form or, as it is soluble in alcohol, ether, and all fixed oils, it can be sprayed over the parts. The powder, however, is preferable. Six months ago I began to use it in a case of rhinitis fœtida, and since that time have treated fifteen persons suffering from this disease. Three cases, which received daily treatment during a period of four months, seem perfectly cured and have not the slightest return of the trouble after a month's cessation of treatment, and the mucous membrane of the nasal cavities has a very healthy appearance.—*Dr. W. D. Chappell.*

Dislocations.

Never attempt to reduce a dislocation of the humerus in an old person without first examining the state of the arteries to inspire you with caution and gentleness.

Never put a *booted* foot in the axilla to reduce a dislocation.

Always reduce by some other method if the rib are broken on the same side.

Remember that injuries to the elbow joint are often very difficult to diagnose, if much swelling co-exists ; but:

Never give a positive opinion of an elbow joint until you have carefully examined the relations of the olecranon, internal and external condyles, and head of radius.

Remember that in dislocation at the elbow the joint becomes rapidly irreducible.

Never forget that a faulty diagnosis may cause loss of motion in the joint.

Never be ashamed to say you "do not know" until the swelling has subsided, and you are able to be certain of the character of the injury.

Do not forget in dislocation of the carpal bones that the great point is to see that the motions of the fingers are early restored.

Treatment of Appendicitis.

1. All cases of catarrhal and ulcerative appendicitis should be treated by laparotomy and excision of the appendix as soon as the lesion can be recognized.

2. Excisions of the appendix in cases of simple, uncomplicated appendicitis is one of the easiest and safest of all intra-abdominal operations.

3. Excisions of the appendix in cases of appendicitis before perforation has occured, is both a curative and prophylactic measure.

4. The most constant and reliable symptoms indicating the existence of appendicitis are recurring pains and circumscribed tenderness in the region of the appendix.

5. All operations should be done through a straight incision; parallel to and directly over the cæcum.

6, The stump after excision of the appendix should be carefully disinfected, iodoformized and covered with peritoneum by suturing the serous surface of the cæcum on each side over it with a number of Lambert stitches.

7. The abdominal incision should be closed by two rows of sutures, the first embracing the peritoneum, and the second the remaining structures of the margins of the wound

8. Drainage in such cases is unnecessary and should be dispensed with. —*Dr. N. Senn, in Medical Progress.*

Golden Rules of Surgical Practice.

BURNS.—Do not neglect opium for the shock of burns in children, but use it cautiously; afterwards do not stint fresh air, food or warmth.

Never give a hypodermic in burns of children; you cannot recall it. Give it by the mouth.

Beware of strong application of carbolic oil in burns, and if it be used at all, watch the urine for absorption signs.

Do not dress too often; but never let the dressings foul.

Never uncover the entire wound at once; do it piecemeal.

Never omit chloroform or opium in the first dressing of extensive burns.—*Times and Reg.*

Buffalo Lithia Water in the Treatment of Renal Calculi.

J. N. L., a cotton merchant, between forty-five and fifty years of age, was subject for six or seven years to frequent attacks of nephritic colic, and almost invariably passed a calculus after each paroxysm. The paroxysms finally became so frequent that the colic was almost constantly present, rendering his existence miserable. Of necessity, resort was had to opium and other anodynes, with a view to mitigating his intense suffering, until he became a confirmed victim of the morphine habit. His nervous system was shattered, and he was indeed a mere wreck. In this condition, he visited the Buffalo Lithia Springs, Virginia. For several months previous there had been a continuous pain in the right kidney, caused, as Dr. Goodwin thought, by retained calculi or incrustations in the pelvis of the kidney.

After a few weeks' use of the spring water, the beneficial results were very marked, the paroxysms became less frequent and of less severity, and there commenced a free discharge of calculi and sand, which continued for some three weeks, gradually diminishing and finally ceasing altogether. This was followed by rapid improvement in his general condition, and some weeks afterward he returned home in full and vigorous health, having gained while at the springs forty pounds in weight. By the continued use of the water after returning to his home he was enabled to overcome the morphine habit entirely and lived for some years, having no return of his old disease.—*N. Y. Med. Journal.*

THAT when you get a telegram marked "collect charges," it is from your wife.

MISCELLANY.

Dr. Prudden has computed that 24,460,000 tubercle bacilli are present in the daily sputum from a single phthisical patient.

To deodorize iodoform: Carbolic acid, one part; oil of peppermint, two parts; iodoform, one hundred and ninety-seven parts.

Freckles can be got rid of by using two drachms of sal ammoniac with one ounce of German cologne, the solution mixed with a pint of distilled water. Apply two or three times a day.

A half hour's douching with water at a temperature of 120 degrees F., and a fixation of the joint by a splint on the flexor side of the joint, or upon the extensor side if that be more convenient, is said to be an infallible remedy in sprains.

The loofa dish-cloth, or inside of the vegetable dish-rag gourd, is an excellent means of cleaning any surface upon which the knife is to be used. It is cheap, will not irritate the skin, will bear any kind of antiseptic solutions or soaps, and will rapidly remove dirt and infectious material.

Tuberculous sputum has been dried and kept under the ordinary conditions found in dwelling houses, and has been found to preserve its infectious properties for two and a half months, and other experiments seem to show that its virulence may continue for a period of three years.

Public sentiment should be sufficient to compel the proprietors of hotels and other places of public resort to adopt more stringent measures than at present, for cleansing and disinfecting the rooms and preventing the spread of this disease, and legislation is urgently needed which shall provide for a proper inspection of dairies and slaughter-houses.

Most surgeons repair noses with less concern than they set or amputate injured arms and legs—and why? Because the nose is the Cinderella of the features; and while the eyes pose as the "mirror of the soul"; while the lips are the "theme of poets' song and lovers' dreams"; while the cheeks, with their illusive dimples and evanescent blush, ravish the heart of mankind—the nose has none to sing its beauty or voice its praise. Nevertheless, in no feature is fineness of form more essential to the beauty of the "human face divine" than in the nose.—*Dr. J. H. Egbert.*

Homœopathy's New Home in Rochester.

The Rochester Homœopathic Hospital, which was founded in 1887, has for a long time felt the need of better and larger accommodations than were afforded by its Monroe avenue home, and the trustees and managers have been on the lookout for a more desirable location.

Some time ago the authorities opened negotiations with the heirs of the Freeman Clarke estate with reference to the purchase of the homestead of the family on Alexander street. The building committee, consisting of George Eastman, James S. Watson and David Hoyt, was instructed to purchase the property, and these gentlemen, at a meeting this morning, formally accepted the proposition of the Clarke estate and purchased the property for $85,000.

The Freeman Clarke homestead at No. 224 Alexander street is considered one of the most magnificent private houses in Western New York. The grounds embrace seven acres, laid out in the form of a park, and having on the lawn trees and shrubbery of every variety. The house was built by Mr. Clarke in 1858, and for years thereafter, until the death of Mr. and Mrs. Clarke, was celebrated for its hospitality. On occasions, more than 1,000 guests have been received and entertained there. The parlors, drawing rooms, library and living room on the first floor are so arranged that they can be thrown into one room.

It is understood that the hospital will dispose of its Monroe avenue property as soon as it takes possession of its new quarters.

Middleton Asylum.

This institution, which is in charge of Dr. Selden H. Talcott, by the recent action of the Commission in Lunacy, reducing the territory embraced in the hospital district to the four counties of Orange, Rockland, Sullivan and Ulster is enabled to receive patients from any part of the State both public and private, for whom homœopathic treatment is desired.

Salol has at last been obtained in solution as a pleasant, palatable liquid. Elixir of salol as described, is a solution by mechanical means only, of 5 grs. of salol in each dessertspoonful making a palatable liquid, the advantages of which can be clearly seen in the fact that it renders administration of salol very easy, especially to children and those who can not take powders or pills.

CORRESPONDENCE.

Sciatica—A Case for Consultation.

FLORIN, PA., Nov., 1892.

TO THE EDITOR:

I am at present a severe sufferer from sciatica in the left leg, and it is almost impossible for me to sit long enough to pen you this letter, and only by excruciating pain and suffering do I finish it. I can assure you I would be grateful to any brother of our good homœopathy, who would suggest a remedy that would afford me speedy relief for I am in a position that compels me to attend to my practice as long as I can get about. I have little rest at night, and our community being a victim to a typho-malarial epidemic, my debilitated constitution is all the more liable to infection.

Two years ago I was "laid up" five weeks, and after three weeks' treatment by a high-potency brother was so that my only rest was by propping my feet on a table. I then commenced on Gnaphalium 2x, which soon relieved the pain, and Rhus tox. 30, produced permanent relief. The nerve, however, was sensitive right along, and any lifting or jarring would produce spasms of pain.

This continued attack was precipitated by a sprain, and then my continual riding in carriage kept up the irritation. Neither of my former remedies produced any effect, and while I am averse to the use of palliatives, yet if I wanted any rest at night I was compelled to resort to antikamnia, or a few times, morphine. I stand the pain, though, as long as I can, for the palliatives leave disagreeable after-effects.

At night, rest or movement has no effect on the pain, nor does the weather seem to influence it much, though some, perhaps, during rainy, stormy disturbances. The pain is severest in that part of the nerve posterior to the thigh, which feels very much like a splinter around which suppuration is ensuing—a burning, ulcerating pain. The popliteal space feels as though pressed to a numb, sleepy pain, and the hip the same. Where the nerve issues from the cord, there is also an acute pain. It is impossible for me to walk erect, and my stooping gait makes me indescribably weary and fagged out, with no rest when I repose.

If any brother can suggest, or send me a remedy (for I may not have what is suggested) he will have my heartfelt thanks, and ever grateful remembrance,

Fraternally, W. F. ROTH, M.D.

[We trust that the profession will respond promptly to Dr. Roth's request. Anything that is sent in care of THE MEDICAL ERA will be at once transmitted, in order that he may have the benefit of the advice at the earliest possible moment.—ED.]

Great Northern Hotel.

CHICAGO, Dec. 20th, 1892.

MY DEAR DOCTOR:—The Committee on Entertainment of the World's Congress of Homœopathic Physicians and Surgeons are pleased to inform you that they have made arrangements with the Great Northern Fire Proof hotel to receive the physicians who will attend the meetings of the Congress which convenes May 29th to June 3d, 1893.

The hotel is one of the largest in the world, and has accommodations for 1,800 people. It is fire proof, new, contains eight large restaurants and is conducted on the European plan, so one may sleep there and take his meals where he chooses. From advices already received by the committee, it is probable that twenty-five to thirty-five hundred physicians and members of their families will have to be provided for during that week, so that it will be necessary to file your application with the hotel at once. Such applications will receive consideration in the order in which they are received and will be held subject to your disposal until May 19th. A uniform rate of $2.50 per day for each person for sleeping accommodations has been made, and while of course it will be impossible to assign a room to each individual, the management guarantees comfort and the best of care. The Great Northern is within three blocks of the Art Institute where the meetings will be held, and its close proximity to all railroad stations for the World's Fair makes it a perfect location. Yours fraternally,

J. H. BUFFUM, M.D.
A. K. CRAWFORD, M.D. } Committee.
T. S. HOYNE, M.D.

Special Request.—There is still time for those who have not yet responded to our *Special Request*, to do so. We are anxious to hear from others. Please send it in. Those who have replied will please accept a great many thanks. All material will be used. —ED.

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Books, Exchanges, MSS., and communications intended for the Editorial Department, should be sent to

CH. GATCHELL, M.D., *Ann Arbor, Mich.*

DR. CHARLES DEADY, removed October first to 110 West 48th street, N. Y. hours 9 to 1.

DR. A. P. WILLIAMSON has resigned from the Third Minnesota Hospital for the Insane, at Fergus Falls.

DR. A. S. HAYDEN has removed from Columbiana, O., to Salem, O., where he takes the practice of the late Dr. T. M. Clarke.

DR. CHAS. D. PULLEN (U. of M. '92) has located at Mt. Pleasant, Mich., where he succeeds Dr. F. H. Tyler, who goes to Kalamazoo, Mich.

The physicians of Chicago, irrespective of school, have heard with regret of the death of Dr. A. Reeves Jackson, who was admired and respected by all.

DR. A. CUVIER JONES, by reason of ill health has been compelled to leave his old home in Missouri, and has located in Cannon City, Colorado.

DR. A. T. BARNUM (Chi. Hom., '88), who has finished his service as *interne* in Cook County Hospital, has located at 532 Sixty-third street, Englewood. Telephone 502.

DR. LORENZO N. GROSVENOR is the next young Chicago physician to enter the matrimonial state. The prospective bride is Miss Edith Clara Cowley, daughter of Mr. and Mrs. Henry P. Cowley, of Spokane, Washington, where the wedding will take place December sixth inst.

The Medical and Surgical Register of the United States.

R. L. Polk & Co., Detroit, Mich., have now in course of compilation the third edition of this valuable publication.

The Medical and Surgical Register has become a standard work and occupies its field exclusively; it gives a complete record of the physicians of the United States, colleges and date of graduation, besides much other valuable information of interest to the profession. It is the only work that has ever made the attempt to record the physicians of the United States according to the medical college training each individual has received, and is remarkably free from the mistakes inseparably connected with the preparation of such a volume. The work is worthy the support of the profession, and we trust that every physician will respond promptly to the request of the publishers for data which will aid materially the compilation of the work.

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This department is stocked with a complete assortment of Physicians' Supplies, such as Homœopathic Tinctures, Triturations, Tablets, Suppositories, Cerates, Liniments, Plasters, Absorbent Cotton, Antiseptic Wool, Medical Instruments, Orthopœdic Appliances, Elastic Stockings, Knee Caps, Pocket Cases, and Buggy Cases of superior make.

Triturations. Our Triturations are the best that can be made, and are offered at the following low prices: 4 oz. by weight, 35 cts; 8 oz. 60 cts; 16 oz. $1.00. Our Triturator is the result on our part of much experimental labor and great expense, and we regard it as fully equal if not superior to any in use.

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Geranium Compound Suppository, for most Uterine difficulties, from a formula by Dr. Hale, is attracting much attention. Send for descriptive circular. Retail price, $1.00. To physicians, 75cts.; or one dozen boxes for $6 00

Hydrastia Tonic. A prominent homœopathic physician has given us the formula for a *Restorative* tonic, the basis of which is the highly valued remedy *Hydrastis Canadensis.* This preparation is for the purpose of enriching *the blood, and imparting a healthy tone to the nervous system.* It does this by arousing a *normal appetite, stimulating digestion and assimilation,* and thus aids in supplying the tissues with their proper food. It is useful in all conditions of physical debility from exhausting diseases, loss of fluids, or mental depression, and will agree with the most delicate stomach. Put up in pint bottles at 75 cts. to physicians, or per gallon in jug $5 00

A Discount of 20 per cent on Books to Physicians.

GROSS & DELBRIDGE, 48 Madison Street, Chicago.

Nature's own gas, not marble-dust and sulphuric acid, is used to carbonate "Manitou Table Water."

THEY SAY

THAT this is a freak country.

THAT an auctioneer has a morbid character.

THAT one mistake generally leads to twenty more.

THAT the country couldn't stand so much prosperity.

THAT a liar is an artist who draws on his imagination.

THAT if you have dandruff at thirty, you will be bald at forty.

THAT Lucifer was the first person on record to be helled up.

THAT a philosopher's advice is always better than his conduct.

THAT it takes the shortest time for the worst things to happen.

THAT sublime faith is often a synonym for sublime stupidity.

THAT if you give a man half a chance he will take the other half.

THAT the climate of this city was too harsh for the Esquimau baby.

THAT half the people you meet look as if their livers need washing.

THAT the more worthless a man is the better luck he has at fishing.

THAT it is better not to praise at all than to praise with faint damns.

THAT all that can be truthfully said of some men, is that they are alive.

THAT it takes lots of grit to fight when you know you are in the wrong.

THAT if you give any man all the liberty he wants he will go to the devil.

THAT microbes have been discovered in everything but tobacco and whisky.

THAT when a boy really likes to go to church you should take him to the doctor; something is wrong.

THAT more money is spent on funerals th is spent in preventing them.

THAT it is one of the hardest things in t world for a man who is stuck up to get down.

THAT we don't like a campaign characteriz by great apathy; it doesn't come out right.

THAT marriage is a lottery, and love-lette can no longer be sent through the U. S. mail

THAT all the things that are spoken of as bein "heavenly," we never expect to see in heave

THAT every boy who sees the sign, "Fres Paint," always sticks his finger on it to see if is true.

THAT if men abused their enemies as much a they do their stomachs they wouldn't have an enemies.

THAT there would be a great deal less mischie in the world if more people had a hesitancy i their speech.

THAT the man who kicks about everythin that doesn't suit him will have no time for an other game.

THAT every woman in this world has two gifts patience with the faults of men and a talent fo nursing the sick.

THAT if people vote as they pray, there mus have been some awfully queer praying done i the last year or two.

THAT the good and useful are the first t die; if this is so, we know some people who will live to a good old age.

THAT the rich are not welcome in heaven, and the poor have no pew in church, so how is an honest man to be saved?

THAT the grip has again landed in New York, and is making its way westward; people should save their Christmas money to pay doctor bills.

THAT life may not be worth the living, but we have had no report from the other side to indicate that death is a particularly hilarious refuge.

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